

Empathetics Evidence-Based Solutions for Healthcare's Multiple Crises

Empathy improves member and employee experience, reduces burnout and resignations

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Empathetics
better human connections
for better healthcare

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INTRODUCTION

Healthcare is undergoing multiple crises affecting patients, clinicians, and front-line staff nationwide. Studies confirm that empathic communication not only provides a better patient experience but, importantly, it also improves health care with shorter hospital stays, better treatment adherence, fewer medical errors, and better health outcomes.

Clinicians and staff are burned out, with more than half a million quitting their professions since the pandemic. Staff shortages, wait times, and residual fears have patients angry and dissatisfied. In turn, patient experience scores are falling and malpractice claims are escalating. All of these factors have a direct impact on the reputation and financial performance of healthcare organizations and health plans.



Institutional Empathy is receiving increased attention. (1) A critical root cause affecting healthcare today is a lack of institutional leadership and empathy for employees and patients, who are also members of health plans. Once considered a soft skill that is “nice to have,” new research published in Forbes names empathy as a leadership “superpower.” (2) Additionally, empathy is recognized as a key attribute for health plans. (3) Research from the University of Michigan looks at empathy as a key driver to promote health insurance reviews. (4)

Healthcare is among the most interpersonally oriented professions with high stakes for all constituencies. A lack of institutional empathy affects all stakeholders and the viability of healthcare organizations. The neuroscience of empathy is the foundation for empathy education that can transform healthcare. (5,6)

BACKGROUND

Groundbreaking research conducted by research and clinical psychiatrist Helen Riess, MD at Massachusetts General Hospital/Harvard Medical School proved that empathy could be taught and is not merely an inborn trait. A brief neuroscience-based empathy curriculum was initially tested in a pilot study with surgeons at the Massachusetts Eye and Ear infirmary with significant results. (7)

A randomized, controlled trial (RCT) conducted at Massachusetts General Hospital (MGH) in six specialties followed the initial proof-of-concept pilot study. **The RCT proved that clinicians trained in empathy and relational skills received significantly higher patient ratings when compared to a matched control group.** (8) The training was well received and endorsed by the intervention group as having achieved the goals of improved appreciation of the concerns and emotions of patients and ability to address them even in the most challenging medical encounters. The endorsement by participants achieved between 91-96% confidence that their perception and responses to patients had significantly improved.

A follow-up study demonstrated retention of the training effects one year later. (9) Intercultural factors in empathy training are also incorporated into the training, (10,11) with sensitivity to diversity, equity and inclusion. The Empathetics training is foundational for accurately perceiving the emotions and concerns of others from diverse backgrounds, with proprietary emotion detection software. Empathetics courses also intentionally represent clinicians and staff from diverse backgrounds and walks of life. This focus makes the training relevant for internal focus on employees as well as an external focus on patients/members.

A subsequent RCT conducted at MGH examined the impact of nonverbal empathy on patient ratings of physicians' warmth and competence. This study revealed significant improvement in physician ratings of both warmth and competence in more than 1100 analog patients (individuals who identified themselves as patients online). (12)

Empathic healthcare encounters are associated with shorter hospital stays, fewer readmissions, fewer medical errors, and malpractice claims (4), as well as improved clinician wellness and decreased burnout. (13)

Importantly, a systematic review and meta-analysis conducted at MGH demonstrated that empathy and relational skills also have a direct impact on healthcare outcomes, including obesity, lung infections, asthma, diabetes, hypertension and others. (14) This research confirms that empathic communication not only provides a better patient experience but, importantly, it also improves health care with shorter hospital stays, better treatment adherence, fewer medical errors, and better health outcomes.

SOLUTION

Empathetics, Inc., a HealthTech e-learning empathy education and process improvement company, was founded to scale the training intervention that improves patient experience scores. Client data also show the training helps healthcare organizations reduce employee resignations, improve wellness and communication (decrease burnout scores) in addition to improving patient experience scores. The company addresses these crises with e-learning solutions as well as scalable live/virtual workshops. The programs are proven to make a measurable difference in employee resilience and patient experience, which have a direct impact on healthcare organization profitability. Accenture has tied patient experience to hospital profitability and found that hospitals that provide superior patient experience generate 50% higher profitability than average providers. Client data from major healthcare systems report improvement in CG-CAHPS scores, which may provide a direct link to HP-CAHPS scores.

Empathetics works with all types of organizations in the healthcare ecosystem:

- Medical groups, hospitals, and healthcare enterprises (e.g., Sutter Health, Mass. General Hospital, Optum, Kaiser Permanente, Texas Health, Cheyenne Regional Medical Center)
- Specialty Hospitals (e.g., Mass. Eye and Ear Infirmary)
- Urgent Care Clinics (e.g., Citra Health, WalkinGYN)
- Nursing Homes (e.g., AltaMed PACE)
- Medical Schools and Nursing Schools, Residency Programs
- Malpractice insurance companies (e.g., Healthcare Services Group, Medical Insurance Exchange of California).
- Health systems (e.g., Sutter Health, Mass. General Brigham)
- Medical Societies (e.g., American Physician Assistant Association (AAPA), Mass. Medical Society)
- Health Plans

Empathetics' online courses are accredited for continuing medical, nursing, and Advanced Practice Providers (APPs) by Massachusetts Medical Society, The American Nurses Association (ANA), and the American Association of Physicians Assistants (AAPA). Physicians also receive Risk Management credits for each online course and one End of Life Care credit.

CLIENT RESULTS

IMPACT ON CLINICIAN- PATIENT/MEMBER EXPERIENCE SCORES

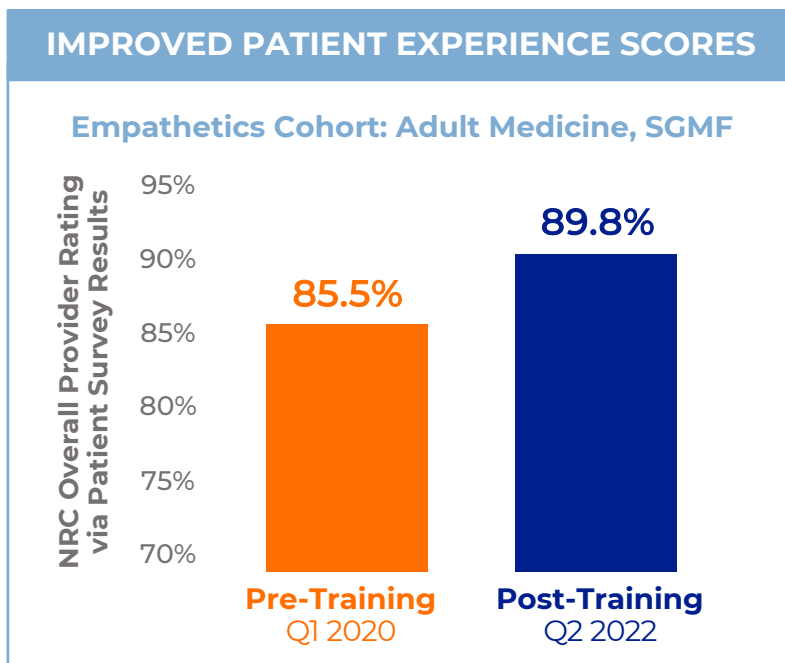
In 2019 the current CEO of Sutter Gould Medical Foundation (Sutter GMF) in Modesto, California, Dr. Robert Altman, was seeking a scientific, evidence-based empathy training intervention with the goal of improving the patient experience. (15) Sutter GMF subsequently partnered with Empathetics that year to implement the training program to improve patient experience scores in the OB/GYN department in an initial pilot of 53 clinicians.

Sutter GMF looked to achieve a top decile patient experience (P90) through participation of Empathetics® in the OB/GYN Department, as well as improvements in nine high-volume care centers with mid-level scores P50 or greater, using education programs designed to improve interpersonal communication in healthcare. The findings post training showed significant improvement in Overall Provider Scores (P91%) as measured by CG-CAHPS scores. CG-CAHPS and other patient analytics scores translate fractions of a percent improvement in scores into millions of dollars in healthcare reimbursements by CMS and third-party payors and health plans. This same impact on patient experience scores can be expected in the Health Plan-CAHPS results, when these patients/members complete the HP-CAHPS Survey.

A 2020 case study published by The Beryl Institute (16) reported the results of the Sutter Gould Medical Foundation and Empathetics partnership that showed significant improvements in patient experience scores with the brief intervention. The CEO of Sutter GMF provided this testimonial: **“We found significant improvements in Providers’ CG-CAHPS communications scores. Interestingly, while physicians did not change the length of their visits with patients, the patients’ perception of their provider spending enough time with them, per their CG-CAHPS scores, increased following Empathetics® training.”** -- Robert Altman, M.D., M.B.A., CEO, Sutter GMF.

In 2021-2022 (phase 2), an Empathetics expansion was conducted in Adult Medicine, Family Medicine and Primary Care at Sutter GMF and Sutter Memorial Medical Center.

Significant improvement in patient experience scores in these departments was found once again. In this cohort of 85 clinicians, National Research Corp. (NRC) was the patient analytics partner. “Overall Provider scores” improved from a baseline of 85.5% to 89.8%.



Providers’ NRC patient ratings increased in every metric, including Overall Rating (above).

CLIENT RESULTS (cont'd)

REDUCTION IN CLINICIAN TURNOVER

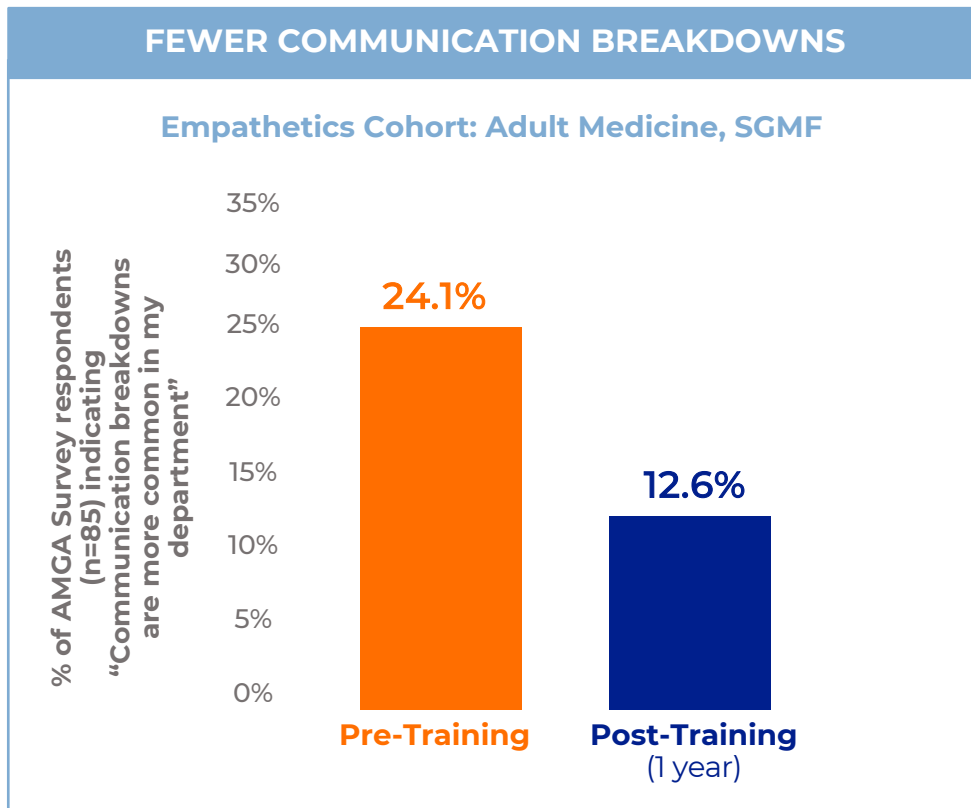
Retention of hospital professionals and front-line workers is a major concern in virtually every healthcare organization across the country. When Sutter Health Modesto compared attrition rates of Empathetics' trained clinicians and staff, a striking difference was noted. Between 2019 and 2022 the average turnover rate for all of Sutter Health was 8.8% of the employee pool. The average turnover rate for Empathetics' trained employees was 1.5%. This represents a reduction of 82.9% of clinicians leaving their jobs.



Clinician attrition was tracked for 4 years. Compared to SGMF overall, turnover was 82.9% less. Only 3 providers turned over in 4 years.

REDUCTION IN CLINICIAN COMMUNICATION BREAKDOWNS

Similarly, clinicians reporting communication breakdowns as common in their department for Sutter Health overall was 31% pre- and post- Empathetics training, as measured by the 2021 and 2022 AMGA surveys. However, over the same period, the Empathetics-trained cohort reported communication breakdowns decreased by nearly 50%. The reduction in attrition in the Empathetics cohort may be correlated with the ability to have fewer communication breakdowns, which represents both internal and external communication breakdowns.



Communication breakdowns in Adult Medicine were nearly halved.

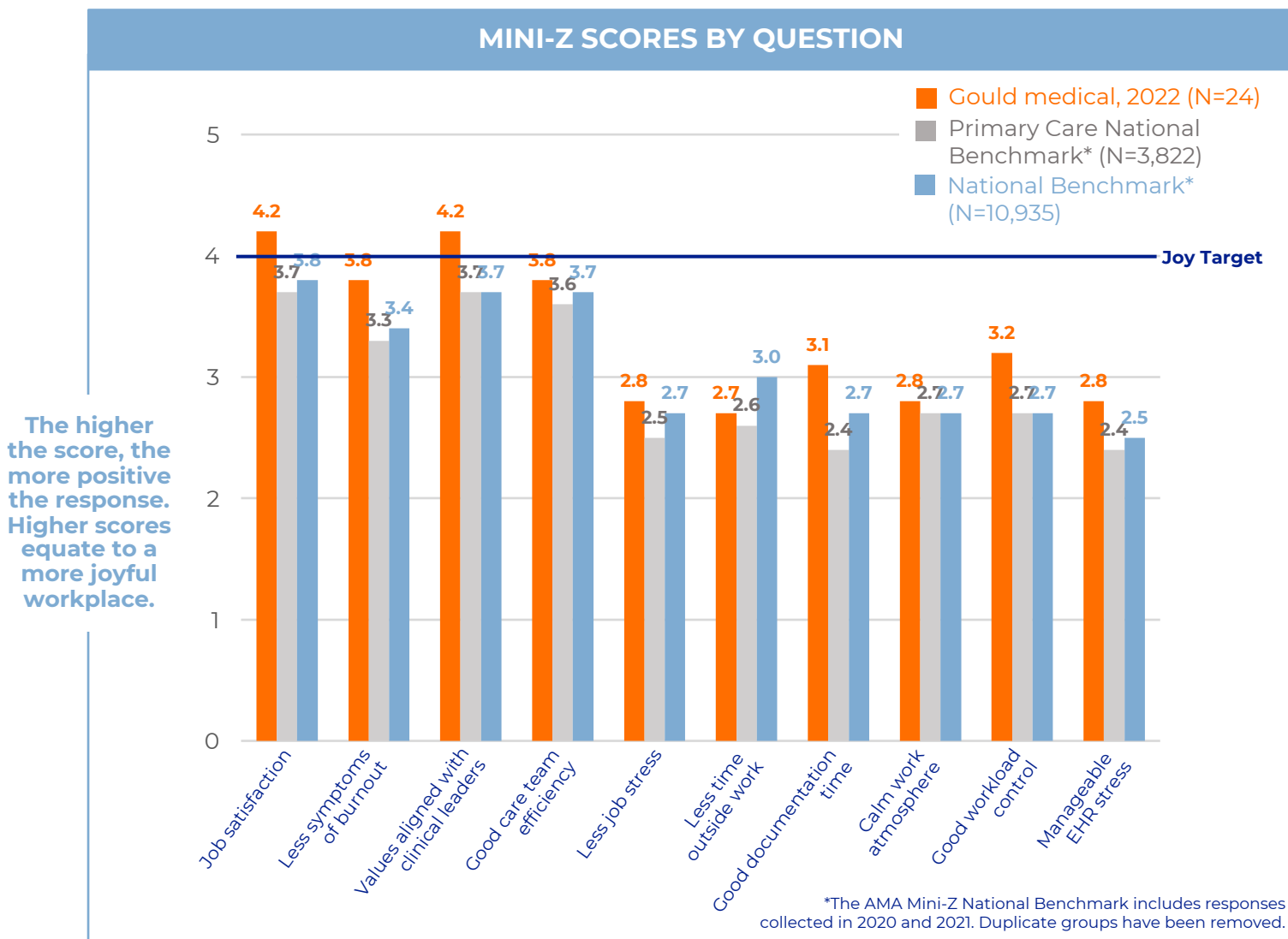
CLIENT RESULTS (cont'd)

IMPACT ON BURNOUT

Clinician and healthcare employee burnout is considered a parallel epidemic with the COVID 19 pandemic. Burnout was a crisis in healthcare before the pandemic and has only escalated. (13)

In 2021, in response to the COVID 19 impact on healthcare workers, Empathetics designed a specialized course to help healthcare organization leaders provide a launch program for healing and recovery of healthcare employees titled, *Self-Empathy: A program for healing and restoration*.

Sutter Health has a strong reputation for measuring intervention outcomes. In addition to measuring patient experience scores, Sutter also measures level of clinician burnout on the American Medical Association's "Mini-Z" scale. The SGMF participated in the Empathetics *Self-Empathy Program: A program for healing and restoration*. Starting the Empathetics engagement with this program showed employees that Sutter leadership cared about restoring health and wellness of the workforce. **The results showed significant improvement in clinician wellness in the Sutter GMF Cohort following Empathetics' training compared to the Primary Care National Benchmark and the National Benchmark.**



CLIENT RESULTS (cont'd)

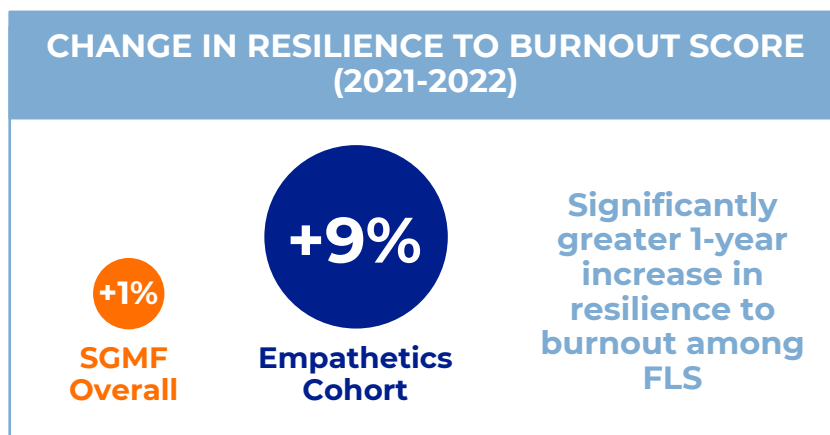
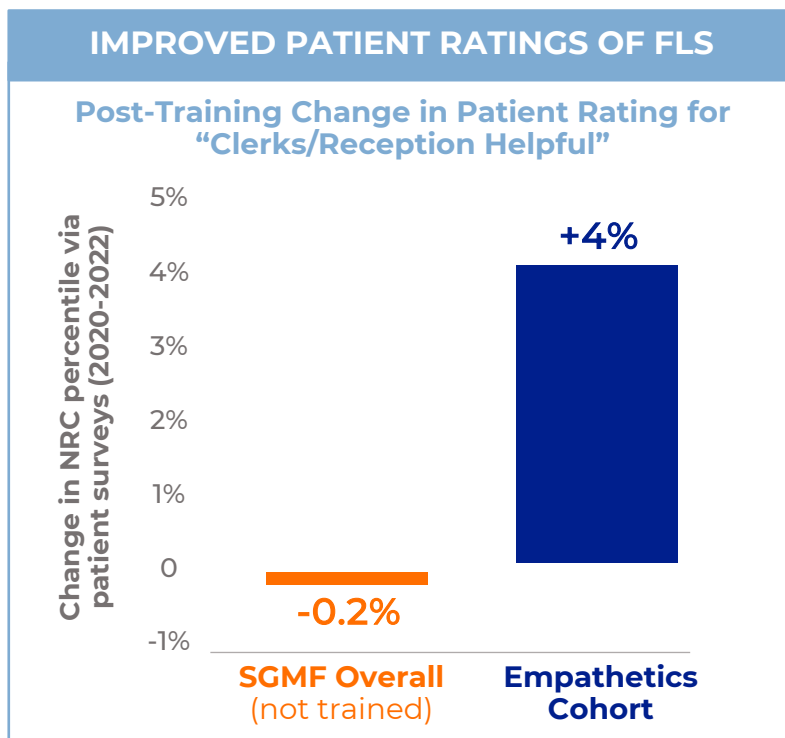
IMPACT ON FRONT LINE STAFF

Retaining Front Line Staff (FLS) is among the most significant problems in Healthcare. In 2022, according to Forbes, 1.7 million healthcare workers quit their jobs. (17) Of these, 500,000 represent physicians and nurses with the “big quit” leading to an estimated 1.2 million additional FLS exiting their healthcare positions. Burnout, disaffection, and lack of feeling that they are part of the medical team are contributing factors.

Recognizing that burnout is a major contributing factor to FLS resignations and appreciating the important role of FLS in overall patient satisfaction, Sutter GMF enrolled 576 front line Staff (FLS) in Empathetics’

40-minute eLearning Empathy Training for Front Line Staff when the FLS course became available to them.

Sutter GMF reported that The Empathetics-trained FLS cohort had a 50% reduction in resignations. In 2021-2022 Sutter GMF measured Font Line Staff *Enjoyment of Work Survey* and found a 9% positive change in the Empathetics-trained FLS cohort in resilience to burnout versus a 1% positive change Sutter GMF-wide. Additionally, Survey results also reported a 15% increase in staff perception of communication quality and a 3% increase in positive perception of teamwork and safety for the trained cohort. “Helpfulness of frontline reception staff” improved on NRC scores by 4% whereas *the untrained staff cohort saw a score decrease over the same period.*



CONCLUSION

Empathy and relational skills have long been taken for granted in healthcare professionals and non-clinical staff, in part because healthcare professions typically attract people who are interested in caring for the health and wellbeing of others. However, few healthcare employees are prepared for the multiple high stakes conversations and situations that accompany the care of patients and their families, from the first contact point to the last. Nearly everyone can point to a healthcare encounter when greater empathy made a positive difference, or the lack thereof left a memorable negative impression. The negative encounters corrode the patient/member experience and mar hospital and health plan reputations. This is true for the inherent impact on the direct providers and what they do for patients and members of a health plan.

Multiple forces have converged to challenge empathy in healthcare long before the pandemic, but Covid 19 unmasked the challenges, not only for patients but also for clinicians and staff. Shorter time with patients, increased documentation requirements, productivity demands, fewer available nurses and other healthcare professionals, and the lingering effects of the COVID 19 pandemic have made these jobs difficult and exhausting.

Providing empathy education, beginning with *Self Empathy*, the Empathetics launch course, sends a message to exhausted health systems, health plans and their staff. It demonstrates their leaders' concern for the teams and people who make their health systems run. Far from being a "nice to have," this has become a critical clinical imperative.

The above results suggest that investment in clinician and front-line staff empathy and relational skills education is beneficial for individuals, teams, and healthcare institutions.

The data from the front-line reception staff are particularly encouraging, considering that a short 40-minute online course contributed positively to employee communication skills, resilience, and retention.

The opportunities for telephonic call centers in health plans and other patient-and member-facing settings suggest that Empathetics training could have multiple positive effects. These include a commitment that these employees are an important part of the healthcare and health plan team, and contribute to employee wellness, resilience, protection against burnout and retention.

The implications for empathy in healthcare traverse all boundaries, from happier, more cared for, and better-informed health plan members/patients to improved adherence to treatment recommendations and health outcomes. Recent research shows promising results that increased healthcare provider empathy and relational skills also increase the likelihood of families providing consent to an organ donation. (18) These values, in addition to reducing the likelihood of malpractice claims, work together in the patient/member and clinician best interests. Improving trust in the medical profession and medical recommendations is more important today than ever in an age of medical misinformation and confusion. (19)

A little empathy goes a very long way.

REFERENCES

1. Riess H. Institutional Resilience: The foundation for Individual Resilience, Especially During COVID-19. *Global Advances in Health and Medicine*. April, 2021. <https://journals.sagepub.com/doi/full/10.1177/21649561211006728>
2. Empathy is a Leadership Superpower. *Forbes* 2022
3. Basler R. Empathy Transforms Health Insurance. *Life and Health*, 2019
4. Forkell D. What's the biggest differentiator among health insurance providers today: Empathy.
5. Riess H. Empathy in Medicine: A neurobiological perspective. *JAMA*, 2010; 304(14) 1604-1605.
6. Riess H. Biomarkers in the psychotherapy relationship: The role of physiology, neurobiology, and biological correlates of EMPATHY. *Harv Review Psychiatry*. 2011; 19:1-13.
7. Riess H, Kelley JM, Bailey RW, Konowitz P, Gray ST. Improving empathy and relational skills in Otolaryngology residents: A pilot study. *Otolaryngology – Head & Neck Surgery*, 2011; 144 (1) 120 - 122.
8. Riess H, Kelley JM, Bailey RW, Dunn, EJ, Phillips M. Empathy training for resident physicians: A randomized controlled trial of a neuroscience-informed curriculum. *J Gen Int Med*, 2012; 27(10) 1280-1286.
9. Phillips M, Lorie A, Kelley JM, Gray ST, Riess H. Long term effects of empathy training in surgery residents: a one year follow-up study. *Eur J Person Centered Healthcare*, 2013; 1(2) 326-332.
10. Lorie A, Reiner DA, Phillips M, Zhang L, Riess H. Culture and nonverbal expressions of empathy in clinical settings: A systematic review. *Patient Education and Counseling*, 2017; 100(3).
11. Eichbaum Q, Barbeau-Meunier C-A, White M, Ravi R, Grants E, Riess H, Bleakley A. Empathy across cultures – one size does not fit all: from the ego-logical to the eco-logical of relational empathy. *Advances in Health Sciences Education*. September 2022; <https://doi.org/10.1007/s10459-022-10158-y>
12. Kraft-Todd GT, Reiner DA, Kelley JM, Heberlein AS, Baer L, Riess H. Empathic nonverbal behavior increases ratings of both warmth and competence in a medical context, *PLoS one*, 2017; 12(5), e0177758.
13. West C, Dyrbye L, Erwin P, Shanafelt, TD. Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis. *The Lancet*, November 2022; 388:0057. 2272-2281.
14. Kelley JM, Kraft-Todd G, Schapira L, Kossowsky J, Riess H. The influence of the patient-clinician relationship on healthcare outcomes: A systematic review and meta-analysis of randomized controlled trials. *PLOS ONE*, 2014; 9(4): e94207. doi: 10.1371/journal.pone.0094207
15. Riess H. The science of empathy. *Patient Experience Journal*, 2017: 2374373517699267.
16. The Beryl Institute Case Study: Sutter Gould Medical Foundation and Empathetics show improvement in patient experience. 2020.
17. Gordon D. Amid healthcare's great resignation, burned out workers are pursuing flexibility and passion. *Forbes*. <https://www.forbes.com/sites/debgordon/2022/05/17/amid-healthcares-great-resignation-burned-out-workers-are-pursuing-flexibility-and-passion/?sh=76ac39867fda> May 17, 2022.
18. Phillips M, Lauricella T, Lorie A, Simpkin A, Riess H. Interpersonal Factors in Cross-Cultural Organ Donation Requests: A Review. *European Journal for Person Centered Healthcare*, 9:1 In press.
19. Schiavo R, Eyal G, Obregon R, Quinn SC, Riess H, Boston-Fisher N. (2022): The science of trust: future directions, research gaps, and implications for health and risk communication, *Journal of Communication in Healthcare*, October 2022; <https://doi.org/10.1080/17538068.2022.2121199>