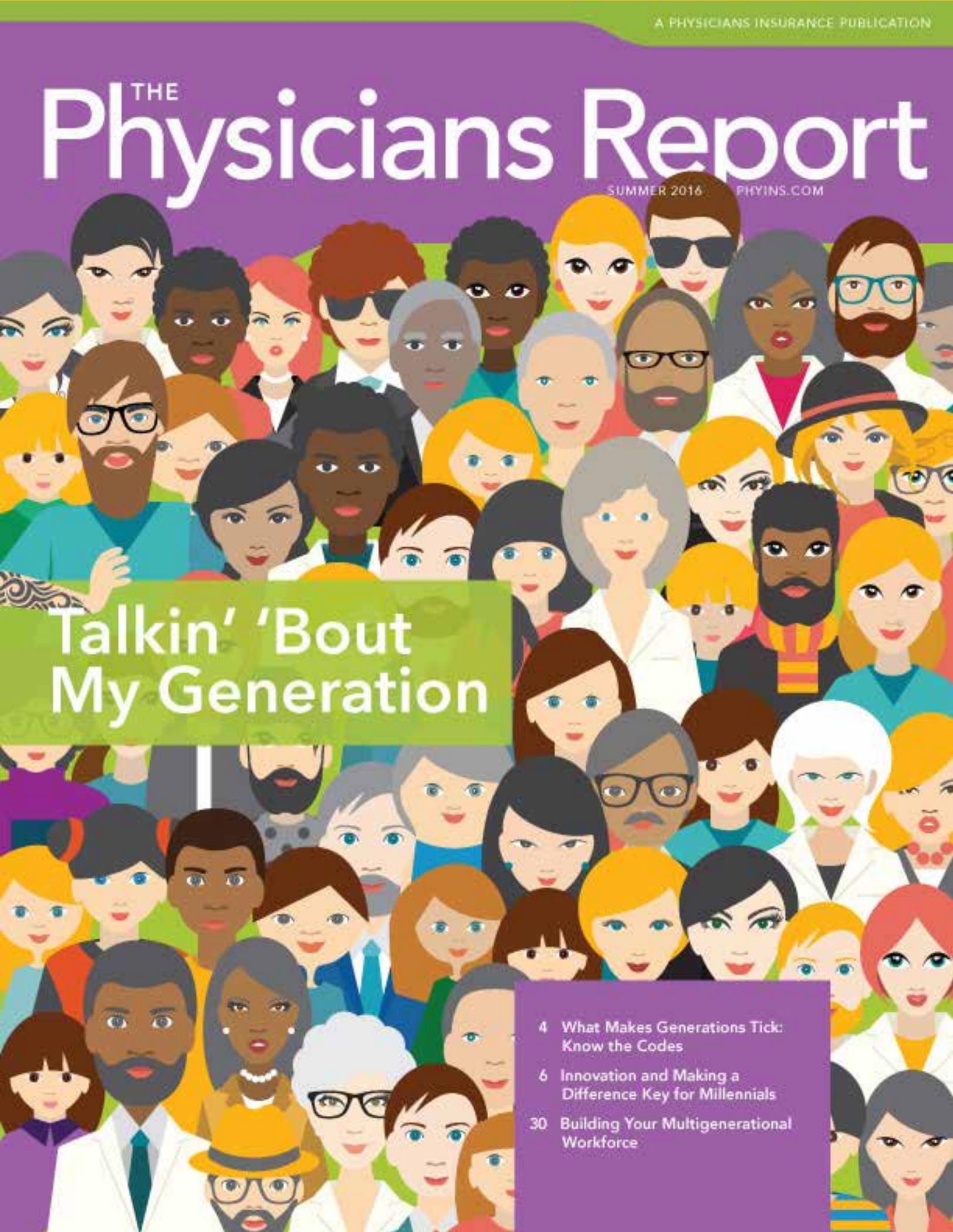


# THE Physicians Report

SUMMER 2016

PHYINS.COM



## Talkin' 'Bout My Generation

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# CULTIVATING THE TALENT IN YOUR ORGANIZATION

In the ever-changing landscape of medicine with newly formed partnerships, technology shifts, and reshaped governing guidelines, how can leaders create an environment where cross-generational teams are an essential part of their strategies? More specifically, how do leaders in medicine harness the amazing talents within younger generations (i.e., Millennials)? That is, how can leaders better understand Millennials who crave acknowledgement and the ability to contribute, while still appreciating the team members who have earned institutional reverence through significant years of service?

From my vantage point, after listening and advising several leaders in medicine and other industries, it appears that the answers to these questions cannot work themselves out at the ranks of the teams alone. These questions are challenging today's leaders in medicine to the same magnitude as other operational issues.

Many alternatives to addressing the challenges the medical community is facing may be hidden in the talented minds of young people throughout our organizations who are expected to "wait their turn to speak." So, how effective is your environment at granting licenses to Millennials to share and demonstrate innovative approaches to solving today's challenges? Is your environment one where all reasonable ideas are welcomed, regardless of tenure? How might you reconsider the structure of your environment after recalling the environment you desired when you were new to medicine?

While the passion to deliver high-quality medicine is often the common thread connecting the great people within your organization regardless of generation, do those great people (young and seasoned) see you as their champion? In spite of the prevalence of social media and other forms

of electronic communication the younger generations consume at high rates, they want to spend time with you as their leader. In fact, you might discover how much your time is valued when young people actively quote your words of advice in their social media feeds only seconds after you meet with them. Furthermore, could you show your appreciation of their time by reciprocating a genuine response to their social media post? How else could you be the champion of young people in your organization?

Many of us are witnessing a rapid increase in the rate of change and innovation in medicine. This begs us to strongly consider that our ability to connect with the new generation entering the workforce will definitely impact our success in navigating and adapting to these changes. The trade-offs in medicine are too costly if any generation feels undervalued.

Therefore, I implore you to do the following: (1) tackle the tough questions of talent in your organization; (2) influence the change needed for teams to listen to each other across multiple generations; (3) cultivate future leaders who will remember you as their champion. Medicine needs a good dose of cross-generational wisdom and wittiness.



**Simeon Sessley**  
Health-Care Innovation Coach and  
Executive Community Builder



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# What Makes the Generations Tick?

**GET GENERATIONALLY SAVVY BY KNOWING THE CODES!**

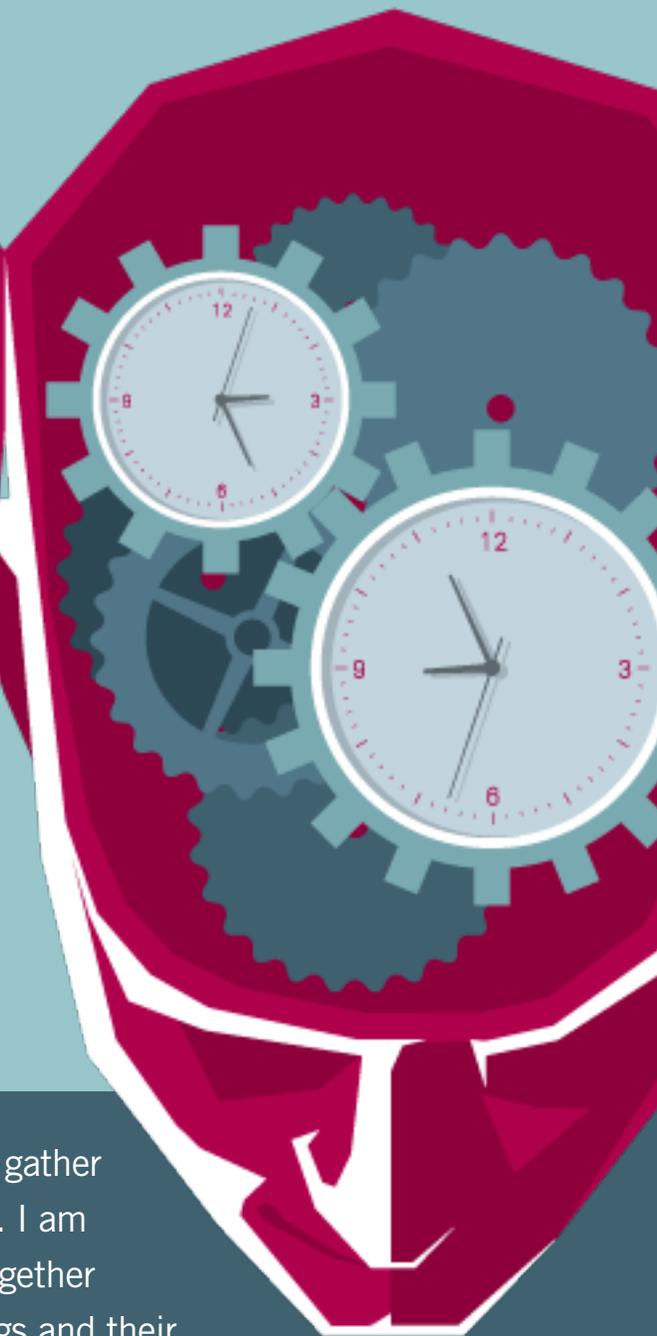
*by Anna Liotta*

Holiday celebrations are a big time for my family to gather and celebrate. When I say big time, I really mean it. I am the youngest girl of 19 children. Any time we are together involves a huge meal, because along with my siblings and their spouses come their 56 children who have 51 children of their own!

A couple years ago I spent Christmas with my Bonus Mom, now 94 years young. (I call her my Bonus Mom because my mother passed when I was 10 years old, and when she married my dad, she was a gift to our family.) One evening we were preparing lasagna for a family potluck. We covered it with tin foil and were off to the family dinner. At the end of the evening, I was washing the empty lasagna plate and looked over at my Bonus Mom. What do you think she was doing with the tin foil?

If you're a Traditionalist or a Boomer I bet you immediately thought, "Saving it!" You're right.

What I was witnessing was a Generational Moment™. My sweet Bonus Mom was a child of the Great Depression. The formative events and emotional responses she experienced between ages eight and 18 created deep imprints that never changed for her regarding what was right and wrong, good and bad, and "how things were done." In fact, those experiences and connections shared by her peers provide the basis for a fascinating and powerful set of Generational CODES™ that drive the actions and reactions of her generation.



### TODAY'S HEALTH-CARE REALITY

Physicians today have the unique experience of providing care to six generations at once. This dynamic reality brings opportunities, along with some challenges. To care effectively, care providers need to understand each generation's unique attitudes, beliefs, and values that drive their expectations and perspectives.

Generational CODES™ are coming into sharp focus today, more than ever before, due to a major shift that happened in 2015. Baby Boomers (born 1946–1964), making up 32 percent of the workplace, were replaced as the once dominate force by Millennials (born 1978–1999) who now make up 45 percent of the workplace. This began to fundamentally impact the way consumers viewed and accessed health care—both for themselves and for their aging parents. Added to this shift are the different expectations and CODES held by Gen Xers (born 1965–1977) who still represent 23 percent of

### WHAT'S IN A NAME?

#### *Scenario One*

In clinic, Maryann prefers formal and respectful communications. She is the CEO, and her husband is one of the founding physicians. While in clinic, they refer to each other as Mrs. Baker and Dr. Baker. Yet some of the younger physicians invite others to call them by a first name and prefer things to be more informal. Maryann says, "That's not what we do here." Overall, she believes the formality maintains a level of professionalism and respect so that issues can be handled in a manner that remains professional, not personal. She believes the takeaway to the patients is a higher level of professionalism. For her, professional delivery and a confident, authoritarian style carries over into the bedside manner, which she believes patients want.



Millennials in the workplace expect to be **inspired**, **challenged**, and **stretched**, all at the same time. Otherwise, they will pick up their skill set and take it to another organization.

the workforce, and Traditionalists (born 1927–1945) who make up 1 percent.

With an overwhelmingly Millennial influence, it's imperative that leaders understand What Makes Generations Tick and What Ticks Them OFF!™ The common-sense standard practices and policies that once seemed good enough, don't get the same adaption or adoption now—which leads to the Generationally Savvy™ mantra: "Common Sense Is Not Common™."

When people say "It's just good common sense," they are referencing a certain set of common experiences that they expect people across the generations to have. Unfortunately, this is no longer accurate. When it comes to things such as dress codes or the formality used when addressing colleagues or interacting with a patient, it is essential that we be explicit, and not implicit, about our expectations. Here is an example from one of your colleagues in the field.

#### *Scenario Two*

Denise is a practice manager with a rather young patient population. She believes that with younger staff there is often a more casual communication style. For instance, using a patient's first name versus Mr. or Miss/Mrs./Ms. Internally, however, there are some challenges around this. While management may emphasize various credentialing by referring to the MDs and DOs as Dr., some younger physicians prefer to be called by their first name, wanting to relate to their staff differently than has been done by the generations before them.

Which one is right, and which one wrong? Neither. With a multigenerational workforce and patient mix, it's a both/and approach, not an either/or. But what is most important is that you are explicit, not implicit, with your practices.

### ARE TIES AND TATTOOS TABOO?

Another very visible area where we see a

*(Continued on page 18)*

If you like innovation and care about making a difference,

# You're Going to Love Your Millennials



*by Sara Roberts and Simeon Sessley*

**Millennials get a lot of bad press as demanding, difficult, different. For employers and managers, they're often viewed as a demographic to be handled rather than welcomed, a necessary evil with better social-media skills.**

In health care, where clinician shortages abound and employee retention and engagement is a serious challenge, many are worried about the influx of Millennials and the effect on culture and performance. After all, as a generation larger than the Baby Boomers, Millennials will make up half the workforce in the next five years and 75 percent by 2025.<sup>1</sup>

Our work and research on Millennials and the role they can play in helping create dynamic, innovative new-era cultures tells a different story, one that is particularly relevant for health care today. Many of the insights we've gained through our work have shaped our belief that Millennials have attributes, perspectives, and inclinations critical for organizations that are striving to become more nimble, innovative, and purpose-led.

At a time when disruptive change, consumerism, and the shift to value are shaking health-care organizations up, Millennials—both as employees and as customers—are exactly what the doctor ordered.

## DON'T CALL THEM MILLENNIALS; THINK OF THEM AS "DIFFERENCE MAKERS"

First of all, the term "Millennials" is loaded with unflattering connotations. They're flighty, impractical, and uncommitted. They're difficult to understand and quick to change their minds. They're unreliable and overly

as customers—that are ethical, value-based, often altruistic, and focused on creating meaningful ideas and solutions that make for a better world. That's the "Difference" part of Difference Makers.

Second, they are also doers who get things accomplished. They're biased toward action, motivated by results, and

Isn't that an appealing demographic to bring on board?

### A MATCH MADE IN HEAVEN

Few industries have confronted the level of turmoil that health care is navigating today. Technological, regulatory, economic, talent, and organizational challenges are forcing



idealistic. None of this is true, of course, and every new generation is painted that way. In fact, Millennials share the same career goals and professional aspirations as the generations before them—Gen X and the Boomers.<sup>2</sup>

Millennials are unusual in some respects, however. In her forthcoming book, *Nimble, Focused and Feisty*, Sara coined the term "Difference Makers" to describe those people in an organization who are the dynamos of the culture and drive change and innovation that push new ways of thinking and innovation—not to mention more responsiveness to markets and customers in line with their overall purpose and vision. Millennials embody many of those traits.

First, they are more closely aligned to an internal sense of purpose and meaning than many other generations, and inherently motivated to make a difference through their work. As a result, they tend to be drawn to organizations—both as employers and

fast. They practically embody the "maker movement"—that umbrella term for all the inventors, designers, and tinkerers who are great at hacking existing problems and improving what most of us



are willing to settle for or take for granted. That's the "Maker" part. According to the third annual Deloitte Millennial Survey, 78 percent are influenced by how innovative a company is when deciding if they want to work there.

intense reconfiguration and performance improvement on almost every front. In at least three significant areas, Millennials are in the right time and the right place to help health-care organizations manage this change and thrive.

### **Adopting customer-focused business models**

With changes to reimbursement, the shift from centralized to decentralized delivery systems, and the rise of market consumerism, the health-care business model is transforming before our eyes. Millennial consumers are demanding access, speed, convenience, quality, and cost-competitiveness. Millennial employees bring the kind of energy, creativity, speed, and willingness to upset the apple cart needed to disrupt incumbents and win market share.

### **Relying on technology to improve workflow and patient engagement**

From telemedicine to portals to mobile apps, health care is experiencing the kind of technology-interface upgrade that

*(Continued on page 24)*

# Millennial Learners

*And Where They'll  
Take Medicine*

**Who better to help us understand the upcoming generation of physicians than the individuals who are preparing them for careers in medicine? Hearing what these educators have to say about the Millennials and how they're different from the generations of physicians before them will both concern you and give you relief.**

According to Dr. Byron Joyner, Vice Dean for Graduate Medical Education at the University of Washington School of Medicine, it helps to understand how the era that shaped their upbringing, as well as the parenting style they received. Shuttling them around as precious cargo within a luxury SUV with a 'Baby on Board' sign, their helicoptering parents kept them safe in an era of AMBER

Alerts and 9/11-style catastrophes. They received trophies simply for "showing up" for practice and they grew up calling adults informally by their first names. No wonder they feel entitled to high salaries, rapid promotions at work and don't adhere to traditional customs of respect.

#### **WHAT GROUND RULES?**

"You need to set out very explicit

expectations for this generation—for dress, attendance, hours and scheduling. The rules as you know them can be translated very differently by the agile-minded Millennial—especially for behavioral matters," says Joyner. Each generation is different, as it should be. For example, the Boomers showed up in ties, on time. Millennials are less formal, having grown up glorifying the tech startup culture. They

may only know ‘business casual’ as their professional best.

“How do patients perceive you? We need to present ourselves in a manner that messages that we are medical professionals bringing our best selves to the patient interaction. Millennial learners are bright but they don’t wear their curriculum vita on their chest. We care for a wide variety of patients from many generations and they all deserve that respect,” says Joyner. This could come down to organizational culture, but if you have strong ideas about professional presentation, don’t leave it up to broad interpretation, says Joyner. If you mean a jacket and tie or dress blouse under a white coat, explicitly say so.

Do you need Millennials at work on a project in the office for four hours? Be clear that you want them physically present. Otherwise, the request could be translated as “Well, I can work at home for two hours then come in for the remaining two.” If the important part is that they be on-site to collaborate with others—spell out your intentions. Do not leave it up to interpretation. Remember to include the reasons why your prescribed methods matter.

#### **BUT WHY?**

This generation was raised to question; they don’t just want to take orders. This is a good thing but may seem quite different from the Boomers who followed directions and paid

attention to authority figures. Millennials want to understand why they are being asked to do what they need to do. Does this make for laborious explanations of what Boomers consider the obvious? Perhaps to some, but it also leads to fresh, new ways of thinking that, frankly, we could all benefit from, no matter what field.

Millennials are becoming known as tinkers and collaborators. They want to make things better—for all of us. If they question why you’ve done it “that way” for so long, don’t take offense. They yearn to contribute and make a difference, so if they suggest improvements, it might be worth listening to them. Having grown up with automated tellers and computers, they are accustomed to immediacy. They might not belabor graciousness in suggesting a better ways to do things, either. However, as anyone who has been on the receiving end of unsolicited advice can tell you, Millennials will be wise to learn finesse in delivering their ideas. If needed, coach them to learn more about what they’re seeking to improve; they’re curious and the result is that you might learn something new.

#### **GETTING FEEDBACK**

The incoming generation wants ongoing feedback, in real time, not in retrospect. However, they like it to be mostly positive. Critical feedback is hard for this younger generations to handle; they were raised with burgeoning methods of “positive discipline.” Says Dr. David Ruiz, Residency Program Director at PeaceHealth Southwest Medical Center and Clinical Professor in the Department of Family Medicine at the University of Washington School of Medicine, “In my experience, they are slow to trust or respect older generations, experience alone won’t cut it. However, they love strong mentorship

and parental coaching when it is positive rather than dictatorial.”

In contrast, Joyner recalls his own residency days when the only feedback provided was when residents did something wrong. “No one ever said anything positive to us. There was a lot of ‘No, no, that’s not right. Never do that again!’”

Recent decades have brought feedback techniques where the critic surrounds the bad news with positive feedback – the so-called “feedback sandwich” – as if wedging it between good news makes it easier to digest. Joyner is not a fan of the feedback sandwich. Framing the conversation is a crucial part of providing feedback. “I tell students they won’t improve by always being right. They need to be able to take critical feedback.” Joyner’s preferred method incorporates the students’ thinking into the feedback loop by using the Ask-Tell-Ask-Act methodology. First he asks the learner what she thinks of how something went, tells them the critical feedback, asks if they understand the feedback, then discusses the act of what should take place next time. Joyner says this “Ask-Tell-Ask-Act” approach shows respect for the student’s thoughts and engages her, but, at the same time allows her to clearly spell out the desired change.

#### **TECHNOLOGY CHANGED THE GAME**

Technology has shaped this generation more than others. Instructors have had to get used to half-filled classrooms, as the universities have begun podcasting lectures. Students can come in person, or listen to a lecture when it is most convenient for them; the instructor will always be there for them—online. As for memorization, if you can search for it online, why memorize it? Millennials are masters at managing digital data and there is a slew of evidence based apps and point-of-care decision support

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# Millennials as Jurors

## The Next Generation's Expectations of Healthcare

by George Hunter, PhD and Andrea Hunter, PhD  
*Mind Matters Jury Consulting*

In the midst of the 21st century's technological changes, we are also experiencing a generational shift in the United States unlike anything seen since the 1960s. Last year, and for the first time since entering their young adulthoods, Baby Boomers were supplanted in size by another generation; the Millennials.



Born between 1981 and 1996, this cohort is now the largest generational group in the United States and is the largest group in the US workforce.

Many of the early criticisms of Millennials (e.g., they are lazy, entitled, and narcissistic) had more to do with their developmental stage than their cohort, but this is not unique to Millennials. For as long as people have been able to mutter “kids these days,” older generations have been skeptical of the merits of their younger upstarts. The Traditionalists complained about the Boomers. The Boomers complained about the Gen Xers. Now, they are all complaining about the Millennials. However, just as members of the Boomer and Gen X generations have grown up and their perspectives have developed with time, so too will the Millennials.

We do not know what Millennials will think when they reach their mid-life years, but we do know that they are different from

As trial consultants specializing in medical defense, we have had the opportunity to talk with thousands people about their attitudes ... and what matters most to them as they evaluate medical professional liability lawsuits.

as they evaluate medical malpractice lawsuits. While there are always individual differences, we have noticed some clear patterns in what Millennials want from their health-care providers and how those differ from Traditionalists and Gen Xers.

#### MILLENNIALS AS JURORS

Analyses from five recent mock trials we conducted in Washington and Oregon revealed reassuring support among Millennials for defendants in medical lawsuits. Regardless of the specific allegations raised in these medical liability cases, Millennial jurors (currently aged 21 to 35) were significantly more likely to favor the physician defendant than were Gen X jurors (aged 36 to 51) or Boomers (aged 52 and above). Moreover, even when Millennials sided with the plaintiffs on liability questions, they awarded the plaintiffs significantly less in damages than the older jurors. In these focus groups, even the pro-plaintiff Millennials suggested roughly half the damage awards suggested by their Boomer counterparts.

Millennials are more skeptical about liability lawsuits in general, and they have positive attitudes about the quality of medical care. Boomers are more likely than Millennials to agree that medical malpractice lawsuits help ensure the responsible actions of health-care providers, that doctors today make too many mistakes, or that the quality of health care today is getting worse.

generations that came before them simply because the world in which they reached maturity was substantially different. For Millennials, terrorism on US soil is a reality but the Cold War is not. They have always had access to the Internet and e-mail. The totality of these experiences has shaped the expectations they have in their life, including the expectations they have of their medical providers.

As trial consultants specializing in medical defense, we have had the opportunity to talk with thousands people about their attitudes toward the overall health-care system, what they expect from their doctors, and what matters most to them

Millennial jurors (and patients) mistrust large organizational systems that appear to value profits over patients. However, when evaluating a specific case, Millennials are more focused on the individuals involved, including both the individual doctor and the patient. As long as the Millennials are not presented with faceless corporations, they are able to focus on the facts.

#### MILLENNIALS AS PATIENTS

As jury consultants who research the mindset and emotions of the general public in medical liability, we learn about more than just responses to a particular situation or defense strategy. We have also witnessed recurring attitudinal themes about health care among the generations we've studied.

#### *Provider Relationships*

Over the next two decades of the 21st century, each generation will face its own challenges and transitions in health care, but the importance of open and accessible communication with their health-care providers is a constant across the generations.

Millennials perceive themselves to be “health-care consumers” rather than traditional patients, and as part of the consumer process tend to do more independent research for their health care than do Boomers and Traditionalists.

Every year until 2030, three million Baby Boomers will enter retirement and will increasingly rely on their health-care providers to help

(Continued on page 14)



## Generational Differences and Claims

Physicians Insurance defense professionals share their observations

### Reaction to claims

“Previous generations seemed to believe that if they did their best, tried their hardest, and practiced the best medicine possible, their patients would not sue them. Current graduates of medical school understand that it can happen despite their best efforts,” says defense attorney Amy Forbis of Bennett Bigelow & Leedom in Seattle. “I think they consider it the cost of doing business—almost an inevitable experience.”

Forbis suspects that medical schools are addressing litigation more than they have in the past, and believes the culture has definitely influenced this. “Millennials are more savvy about law suits,” Forbis says. “There is a lot of litigation on television now, whether fiction or actual courtroom shows – some with a more cynical view of the medical profession. Millennials have grown up with more exposure to that.”

Millennial jurors are more likely to hold the patient responsible for their own health, according to Forbis. “They expect the patient to follow their physician’s advice. If they don’t, the jurors are more willing to hold them accountable, rather than saying it’s the physician’s responsibility to make the patient do what they were supposed to do,” she says.

### As Jurors

### Physician Relationship

“Some patients get upset when they think the physician was staring at the computer screen, not looking at them,” according to Physicians Insurance Claims Representative Whitney McKenna. “They don’t feel like they were listened to or examined properly. That’s especially hard for older patients with Millennial doctors.”

Adds Forbis, “Millennials are more likely to question the care and recommendations their physicians give, and clearly have more resources available to them through the Internet to educate themselves about questions to ask and treatments available.”

“Millennials use electronic communication nearly exclusively,” says McKenna. “Older, more seasoned physicians want to meet in person to talk about a claim, but Millennials would rather e-mail or text.” With technology comes availability, and it isn’t unusual for McKenna to get an e-mail that was written at 1:00 a.m. from a Millennial.

### Communication

# Not Your Father's Retirement Plan:



## It's a Good Time for an Investment Check-Up—Whatever Your Age or Career Stage

Gone are the days when you worked for one organization your entire life, then retired with a pension and ample Social Security benefits. The plan you've spent your career building might have taken some unexpected turns. You've likely realized that Social Security will not keep up with your retirement needs. Your investment portfolio may have taken a hit at the wrong time. Your nest might not have emptied as soon as you thought it would. And you might be working longer to make up for it all.

Or, if you're just starting out your career, you never expected that Social Security and your employer-provided benefits—no matter how good—would cover your retirement. Even if you've been savvy enough to max out contributions to your 401(k) and IRA, you've known all along you are ... well, on your own. If you took your individual investments out of the stock market during its 2008 downturn, hopefully they are back to making financial gains somewhere so you haven't missed all the upside during the recovery years that followed. But now, to top it off, some of you are learning that you need to consider whether or not your parents have saved enough for their imminent retirement!

Retirement planning is definitely not as straightforward as it used to be, no matter your stage or age. The secret is to map

out your plan, revisit the plan at regular checkpoints, and put safeguards in place, as appropriate. You may need outside experts to help you make plans, and understanding the options will jump-start the conversations you'll have with your family and professionals who might assist you.

Some of the strategies to consider include:

- **Take full advantage of any employer-sponsored retirement plans.** Be sure to contribute the maximum allowed, and don't forget about the additional amounts available to those aged 50 or older. You want to review your investment selection on a regular basis, especially as you near retirement. In addition, you can make additional contributions into a Health Savings Account, if offered.
- **Investment accounts can be used as a retirement-plan supplement.** Pay attention to the type of account, the investments being used, and the fees being paid to the advisor and provider. These types of accounts are taxable, so emphasis should be placed on tax efficiency. Investment accounts do not have any limits on the amount you can contribute, unlike IRAs and 401(k)s.
- **Don't be afraid to incorporate an annuity into your retirement plan.** These vehicles have improved dramatically over the

years, with lower expenses, guaranteed income payments, and index-linked options. If you have an existing annuity, you definitely want to review it, as a tax-free exchange into a new contract may be in your best interest. Growth inside an annuity is tax-deferred, which adds to the other benefits.

- **Consider utilizing the tax efficiency of over-funded cash-value life insurance.** When structured properly, these policies provide tax-free growth and tax-free distributions, just like a Roth IRA, but with no income and contribution limits. Your policy cash value is protected from creditors and can be linked to a wide range of accumulation options. There are additional benefits, such as providing additional amounts for potential long-term care costs. This can be a good option because it helps to diversify both your tax and investment portfolios, as well as adding an additional layer of retirement protection.

Ultimately, the retirement tools you put into place depend a lot on your unique circumstances. At different times in your life, and through varying economic cycles, you'll likely want to review your approach more often than your parents' or grandparents' generations—no matter where you are along your path. [PR](#)

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*If you have questions about your retirement investments or any of the options covered here, call Physicians Insurance at 800-962-1399.*

## IS THERE AN APP FOR THAT?

71% of Millennials would like the use of a mobile app to help them manage their health-care information, share health information, and schedule appointments.

*(Millennials as Jurors, Continued from page 11)*

them navigate the often frustrating and confusing requirements of Medicare and other services. Gen Xers, often described as the middle child of the generations, will enter their middle years. In their youthful past, they had tended to rate their health as good to excellent, but middle age has a way of changing that perspective. As these early decades of the 21st century continue, Gen Xers will be confronted with the dual problems of their own changing health and that of their increasingly elderly parents.

Like the youth of previous generations, Millennials are currently enjoying their physical primes. They are also more fitness-oriented than Boomers or Gen Xers and are much more likely to pay a premium for healthier foods and services. Millennials are currently focused more on maintaining good health than they are on health problems, so a long-term relationship with their family doctors is not particularly important to them.

Although Millennials are willing to spend more to be healthy, they tend to be frugal in medicine. Millennials perceive themselves to be “health-care consumers” rather than traditional patients, and as part of the consumer process, tend to do more independent research for their health care than do Boomers and Traditionalists. As such, Millennials are cost-conscious, rely more on social networking to search for treatment options, and are more likely to

shop around for both health insurance and health-care services. They are also more likely to delay medical treatment for financial reasons than other generations—but, this could also be because their proposed medical treatments are not as urgent as they might be for older patients.

With their health-care consumers approach, Millennials want to be involved in the medical decision-making process. They want to trust their doctors, but that trust needs to be earned. For Millennials, a trustworthy doctor is one who communicates openly with them, takes the time to listen and appreciate their concerns, and sincerely cares about what is in their best interests.

It is important to note that Millennials’ questions regarding health care do not demonstrate lack of respect, but instead evidence a true curiosity and desire to know more about their health and available treatment options.

### **Access**

One of the most important expectations they have is immediate access to information and health-care choices. Being the first generation to grow up with the Internet, Millennials are

unfamiliar with any delay in knowledge or contact. Because connecting with someone or getting a question answered is always just a few clicks away, Millennials become frustrated when it takes days or weeks to schedule a medical appointment or test. In fact, a joint survey by Salesforce and Harris Poll

Millennials expect their doctors to be skilled and competent with medical technology. For these patients, rapid change in the state of the art is not simply a reality; it is an expectation. Health-care providers must keep up.

revealed that 71 percent of Millennials would like the use of a mobile app to help them manage their health-care information, share health information, and schedule appointments.

Millennials also expect efficiency, which in many ways is the goal of modern technology. As they have entered the workforce, Millennials have helped streamline systems reducing redundancy

## REMEMBER...

Millennials have not known life without seatbelts, bicycle helmets, and they grew up with signs in restaurants warning about the dangers of drinking and driving.

and unnecessary steps. They have the same expectation of the health-care system and have shown preferences for acute-care treatment centers that can address their concerns as needed and have tests (e.g., x-rays, laboratory studies, etc.) conducted at the same location.

### Technology

Millennials expect their doctors to be skilled and competent with medical technology. For these patients, rapid change in the state of the art is not simply a reality; it is an expectation. Health-care providers must keep up. Millennials will be substantially less forgiving for mistakes in an electronic record simply because learning a new system is challenging. Millennial patients expect physicians to take the time to become proficient with new software and technology, or to at least hire someone to do it for them. Additionally, Millennial patients are so used to quick and efficient communication among themselves that they expect the same from their health-care providers. Doctors' failure to communicate with each other is particularly vexing to Millennials.

### Personal Choice And Responsibility

Departures from convention and tradition have come to define Millennials, for whom individual freedoms and personal choices immensely matter. This is evident in their widespread advocacy for gay marriage, marijuana

legalization, transgender rights, and immigration. They generally believe people should have the right to make decisions for themselves and that there is not just one way of being or behaving. Their emphasis on personal choice is also evident in Millennials' perceptions of the doctor-patient relationships. While younger jurors and patients do not revere physicians like their grandparents did (or do), they respect doctors and also believe patients are largely responsible for their own health care.

Millennials grew up surrounded by health warnings on a vast array of products ranging from tobacco to peanuts. They have not known life without seatbelts, bicycle helmets, and were raised seeing signs in restaurants warning about the dangers of drinking and driving. Thus, they fully understand that their personal choices come with risk. That is not to say they always make the right or healthy choice, but they are at least making informed choices. When deliberating issues in a medical liability suit, Millennials consistently want to know the patient's role in the outcome—i.e., did the patient have a healthy lifestyle, follow the doctor's advice, or consent to the treatment at issue? When evaluating medical care, the patient's personal responsibility matters just as much as the actions of the physician.

Just as generational cohort effects will impact how patients approach their health care as the 21st century continues to unfold, these same effects will also be important considerations when people are asked, as jurors, to assess the health care provided to others. Like the Millennials, the 21st century is still young, and there is reason for optimism as we look ahead. 

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*During the past 10 years, **ANDREA BLOUNT HUNTER, PhD** and **GEORGE HUNTER, PhD** of Mind Matters Jury Consulting have consulted on hundreds of cases across the United States on virtually every type of legal matter. To help shape and present the best case possible, they work with their clients to understand how jurors think.*



# Growing with the Trends of Medicine

## Santiam Hospital Balances Growth While Maintaining Community Feel

**“You have to be ‘equal to or better than’ when you’re smaller. You have an uphill battle. Everyday you’re fighting a preconceived notion that you’re not as good as a bigger facility.”**

Maggie Hudson, CFO/COO of Santiam Hospital in Stayton, Oregon, has worked for decades alongside a team of leaders committed to that daily challenge. Yet after 23 years of service, she’s still the newbie. Their CEO, Terry Fletchall, has logged 34 years, and their recently retired CNO, Genny Baldwin, just closed out 30 years.

The biggest change she’s experienced during that time has been moving from a hospital to a small health system. “One thing that may set us apart is that we’ve had a very committed group of individuals dedicated to growing the organization organically,” she says. “Over time we’ve been mostly profitable and have just continued to invest in our infrastructure and staff.”

When she started at Santiam, there were 78 employees and six active physicians. Now, this small health system—still named

## FAST FACTS

LOCATION: STAYTON, OR

MEDICAL STAFF: 25 ACTIVE PHYSICIANS

EMPLOYEES: 350

CLINICS: 9

FIRST OPENED: 1953

MEMBER SINCE: 2014

emphasized that the shift was organic for them. “I’d like to say that it was foresight, but it was just a natural response to the primary care market driving the hospital decisions.” Paying attention to this trend, Santiam Medical Group was developed—although the system is still thought of in the community as simply Santiam Hospital—and started building clinics in smaller communities in the area.

“We were just paying attention to the changes in the environment over time,” says Hudson. Early on, the primary care clinics became patient-centered medical homes, and the hospital was one of the first in Oregon to meet the Meaningful Use requirement. Hudson explains that with mindful, pragmatic leadership, “We’ve run lean and focused on where we’re headed.” She credits having the right people in the right places, leading the right programs.

She adds, “In an era of affiliations and mergers, we’ve managed to maintain independence and tried hard to maintain a community-based presence. You can’t be in a silo; we’re always coordinating with other systems, but it’s a matter of maintaining balance when you’re an independent facility.”

“One thing that may set us apart is that we’ve had a very committed group of individuals dedicated to growing the organization organically—over time we’ve been mostly profitable and have just continued to invest in our infrastructure and staff.”

MAGGIE HUDSON, CFO/COO, SANTIAM HOSPITAL

Because Santiam is a smaller system, it can successfully focus on maintaining a personal feel. Hudson believes that by being a private nonprofit run by a hospital board, it’s easier for them to put patients first, rather than focus only on profits.

“Patients can get overwhelmed or intimidated at larger facilities,” she says. For instance, finding and paying for parking, navigating a large medical campus, and interfacing with large teams of providers can be a lot for someone to deal with, especially those who are ill and not at their best.

Santiam Hospital may be considered rural, yet it’s in a very competitive environment in the Salem Oregon, area. “We know patients have many options,” Hudson says. To stand apart, Santiam works to provide a community health system that patients can be proud to have right in their own community. Santiam aims to maintain and leverage a local feel that carries over to the relationship with physicians and staff. Hudson explains, “As a smaller facility, you always have to look state of the art, have the latest technology, provide and support very current staff. You’re proving yourself every day.” 

Santiam Hospital—comprises 9 clinics, over 350 employees, and 25 active physicians and allied providers, plus some independent providers. Instead of a two-to-four bed hospital ward, this acute care hospital has recently opened an additional facility as part of the hospital campus.

In 2013, they opened their new \$30 million in-patient facility—which includes private rooms, a state-of-the-art family birth center, and surgery center. In addition, the original 1953 facility has been upgraded, too. It was gutted and reworked to expand services, such as a pharmacy and lab, into that space.

When asked about the pain points of the shift from an independent nonprofit hospital to a small health system, Hudson





## Millennials are not looking at long-term social-capital building in the same way that Baby Boomers or even Gen Xers do.



*(What Makes the Generations Tick, Continued from page 5)*

generational friction point is in dress codes. The term professional attire has been morphed and stretched to mean many things. In contrast to prior Generational CODES™, it's not obvious to Millennials why it is so important that they all dress alike. Ever since they could choose their own clothing, Millennials have been encouraged to express themselves. They grew up hearing their parents say, "You're unique, special, a snowflake. There is no one like you." They took this right into their choice of what to wear and how to decorate their bodies.

### **Clinic One**

This large clinic has a conservative policy on tattoos and piercings: tattoos must be covered, and jewelry in facial piercings must be removed. Yet in recruiting meetings directors wonder if they are losing good physician candidates because of this requirement. With a young patient population, they have heard some feedback that the staff is less relatable because they cover their tattoos, while the patients coming in show plenty.

### **Clinic Two**

In the clinic, older physicians still wear ties to work each day and are frustrated by the lack of professionalism in the younger physicians. Even the nurses are beginning to wear flashier prints and

patterns in their uniforms, or worse yet, are wearing regular clothes in the clinic. Whatever happened to keeping things professional by having people dress according to their roles? The younger physicians have asked for casual Friday options, and the older docs are worried about where that will eventually end up.

And, if clothing styles weren't enough, now many young talented people are using body art to express their unique stories. Not allowing Millennials and Gen Xers to show them can have a surprising effect. As practices adapt to the new generations in the workforce, policy-making around dress codes and body art should be done by first checking in with the Generational CODES™. Ask about your patient profile and see what CODES they are bringing to your practice. Is your practice composed of a majority of Baby Boomers and Traditionalists? Do you have—or do you want to have—more Gen Xer and Millennial patients? The choice you make should be influenced by this information.

### **ARE YOU A DESTINATION WORKPLACE, OR A LAYOVER STOP ON THE CAREER JOURNEY?**

Workplace loyalty has undergone a transformation. Millennials are the first generation to enter the workplace with no expectation of retiring with the company they started with, or even with the next two or three companies they work for.

Where Boomers thought of themselves as employees that got on with a company and worked their way up the ladder, Millennials consider themselves talent who look for a gig to work and learn from before they move on to the next opportunity.

Not understanding or ignoring the priorities and deal-breakers of younger staff can be very costly. The average Millennial employee's job tenure is between six months and 18 months. It becomes very expensive for an organization to acquire and train staff and then rinse and repeat the experience all over again in a few months because they didn't understand their Generational CODES™.

What to do? Millennials are unwilling to stay with an organization that described a Dream Job and then expected them to deal with a Nightmare Reality. So, clearly communicate the real details of what the job entails—the gritty and boring aspects, as well as the fun and fabulous. This begins with the job description and continues into the interview and throughout the onboarding process.

Also, be ready to deliver more feedback and coaching than the earlier generations needed or wanted. Gen Xers are highly independent and don't need or want much supervision. Millennials, on the other hand, want weekly or monthly check-ins to discuss their career path. Progress toward a goal is a must if you

## WELCOME TO OUR NEW MEMBERS!

### **Broadway Medical Clinic**

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### **Community Health Center of Snohomish County**

Snohomish County, WA

### **Garfield County Memorial Hospital**

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### **Idaho Physical Medicine and Rehabilitation**

Boise, ID

### **Infocus Eye Care**

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### **MACHAON Medical Evaluations, Inc.**

Seattle, WA

### **Medical Imaging Group of Hillsboro**

Hillsboro, OR

### **MedNorthwest**

Seattle, WA

### **Mt. Spokane Pediatrics**

Spokane, WA

### **Mountain Medical Immediate Care**

Bend, OR

### **Northwest Gastroenterology Clinic**

Portland, OR

### **Northwest Neurological**

Spokane, WA

### **Pacifica Medicine & Wellness**

Poulsbo, WA

### **Physicians Medical Center**

McMinnville, OR

### **Silverton Health**

Silverton, OR

### **Southern Coos Hospital & Health Center**

Bandon, OR

### **Tri-Cities Cancer Center**

Kennewick, WA

### **Unified Women's Healthcare**

Bellingham, WA

### **West Sound Dermatology**

Poulsbo, WA

### **Wise Patient Internal Medicine**

Seattle, WA

### **Yakima Neighborhood Health Services**

Yakima, WA

### **Zain Medical Center**

Richland, WA

this behavior as essential to their productivity and happiness.

This brings us back to the Generationally Savvy mantra: Common Sense Is Not Common.™

Older generations are frustrated that they can't keep younger generations off their phones. Rather than doing something that is productive with their downtime, these younger generations jump to their phones to text, Instagram, or Facebook with their friends rather than doing something that needs to be done at work. How can these same people who are demanding a high income not contribute at a higher level?

Because Millennials are not planning to retire with your company, they are not looking at long-term social-capital building in the same way that Baby Boomers or even Gen Xers do. Once they have done what you asked them to do, they have fulfilled the job and see their work as completed. If you want them to look for productive ways to fill their time, you will need to coach them explicitly about this, or you'll find yourself frustrated that they did not read your mind. (By the way, your expectation that they can read your mind is one of the Millennials' great frustrations.)

The flaw is not in the expectation of productivity but in how you express it. Remember, be explicit, not implicit, about your expectations. After all, that's just being Generationally Savvy™, no matter what generation you're working with. 



**Anna Liotta, CEO**  
of Resultance, Inc.,  
and founder of  
The Generational  
Institute is one of the  
nation's top experts  
on multigenerational

workforce and communication issues helping companies attract, grow, and retain clients and talent of all ages.

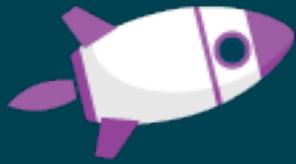
don't want to be doing exit interviews six months into their tenure.

Millennials grew up with coaches, mentors, and advisors, and they expect their leader or manager to facilitate and foster their growth. Millennials in the workplace expect to be inspired, challenged, and stretched, all at the same time. The cost of not having this experience is that they will pick up their skill set and take it to another organization.

### **PRODUCTIVITY PITFALL AND SOCIAL LIFELINES**

The ubiquitous smartphone is simultaneously a highlight and a pain point within the generations. Older managers feel that their employees used to be more likely to spend downtime proactively by finding more work to do or other ways to contribute at work. These managers implicitly understand that showing initiative is the way to get noticed for promotions or salary increases.

Millennials are extremely social. They spend a lot of time talking with each other. It is important for them to feel culturally connected with each other. So, they're often on their phones and doing 800 things at once. Boomers and Gen Xers may see this as being unproductive and distracted. Millennials see



Since parallel processing is like drinking water for them, app-savvy and email-savvy Millennials may be more prepared than most to use technology to help them stay focused on patients.



*(Millennial Learners, Continued from page 11)*

tools that students can carry around in the palm of their hand. Joyner thinks that this is a different paradigm which has its benefits but disadvantages, too, primarily that of being able to place information in the appropriate context. This is critical in medicine.

Ruiz agrees. “What worries me about relying on search skills to reference knowledge is that you’re missing context.” Technology should save us time, but when does it become a dangerous short cut? Ruiz says the process of memorization imbeds knowledge and valuable context. He acknowledges this generation is adept at quickly integrating all modalities at

“Once upon a time, we had a deep connectedness to our patients. We were often the ones wheeling our patients into radiology, or sleeping in a patient’s room because we were worried about carefully monitoring a them. But, due to a number of factors, including duty hour restrictions, today the work has, by necessity, been disaggregated. We have nurses, other professionals, and even computers doing some of the work for us. How do we keep Millennial learners centered on the patient, maintaining connection?” Not knowing such personally connected care, Millennials will need to find their own methods to forge connections with their patients.

career choice, many Millennials saw the futility of over-dedication when their workaholic Boomer parents eventually got laid off after years of long hours and service. Their friends, families, and free time are incredibly valuable to them. It’s been said that Gen Xers desired life balance, but the Millennials are demanding it.

Maybe they’re on to something. With levels of burnout climbing and physician resilience now informing the Quadruple Aim, it seems that some things may soon shift. There’s a history of military-like training in medicine, some have called it hazing. Is it really a good idea—a safe idea—for care providers to work twice the number of hours the rest of the population does? Performing back-to-back surgeries for up to 10 or 12 hours a day? Seeing 18 to 20 clinic patients a day, while also being responsible for another three to four hours of computer work to record and code what they have done? The productivity formulas are back-breakers; who has time to think about solutions for patients, let alone rejuvenate and stay fresh?

According to Ruiz, “in organized medicine, we haven’t figured out how to make it all work and keep doctors fresh in the first few years of their career. If we don’t figure that out, we’ll have huge turnover.”

The debt load after school is tremendous, so most young physicians won’t view a career change as an option. While some providers may work 70 to 80 hours (or more) per week, this may not be what the next generation has in mind for their career. Says Ruiz, “You can almost see some of them calculating how fast they

“This generation was raised to question; they don’t just want to take orders. They want to understand why.”

DR. BYRON JOYNER, VICE DEAN, GRADUATE MEDICAL EDUCATION, UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE

once to arrive at the same outcomes, and emphasizes a blend of visual, tactile, and e-learning modalities.

Adds Joyner, “Boomers tend to be more process-oriented while the Millennials are more outcome-oriented. The Millennials want to get to the outcome faster, in a way that seems more efficient for them. But, I often wonder if they might be mixing up the steps - or missing some rigor needed to provide thorough care?”

#### CONNECTEDNESS OF CARE

Also different for this incoming generation is the increase of mid-levels doing more of the bedside care. Recalls Joyner,

However, since parallel processing is like drinking water for them, app-savvy and e-mail-savvy Millennials may be more prepared than most to use technology to help them stay focused on patients. Digital immigrants, like Boomers who were not raised with technology, may be toggling their attention between patient and screen. Used successfully, a Millennial’s comfort with technology may well be an answer to getting through large volumes of work, while providing a sense of patient connection.

#### WHAT? BALANCE AND AN 80-HOUR WORK WEEK?

As committed as they may be to their



can pay back their loans, then cutting back to .8 FTE to have life balance.”

### COLLABORATION

In some ways, the team approach to medicine may be an answer to long hours. The trick is keeping the continuity of care. The good news is that Millennials, as natural collaborators, may be just the ones to refine this model. They are good at teamwork, being inclusive, using technology to keep the team on the same page, and even in engaging the patient as a member of the care team.

However, Millennials must know their patients, Ruiz cautions. “An older patient is not as interested in being a decision-maker in their own care. They are more accustomed to holding the physician up as the ultimate authority,” he says. They may lose confidence in a physician who does not take the reins. And patients can grow weary with a drawn-out process with a large team, which can start to feel like “medicine by committee.” Ruiz stresses to his students the importance of being an authority and taking the lead, when needed.

Further, he says, “It’s a good thing they are collaborative, adaptive, and like to create solutions, “because we’ll need the next generation to undo some of the mess created by the Gen Xers, Boomers, and the marketplace as a whole.” As Millennials look for happiness and meaning in their work, consider looking to them to lead. They are well-suited to walk us into the next era of medicine. They want to matter. Helping medicine be successful in this transition may be how they can matter most. 



## Common Ground

*Every June*, our residency conducts two weeks of orientation for the incoming Intern class. I have the opportunity to engage with these fresh, young, idealistic minds before reality of sleep deprivation, massive download of medical knowledge, 80-hour work weeks, and “culture shock” provoke a disquieting sense of anxiety in most and fear in some. For all, it is a test of their character and endurance.

This year, I happened to take a recertification course in Advanced Cardiac Life Support a few days before they were scheduled for theirs. Passing by a small work table in the resident room, I found six of the eight huddled around a laptop doing the mandatory “pre-test” quiz to be completed before attending the class. It was a stunning moment. They had actually transformed mandated study and compliance into a collaborative social event. Each question was meticulously discussed, with consensus achieved before one of them submitted the answer on behalf of all.

This was in contrast to my Boomer method of study. Quiet room, no distractions, focused and determined sense of mission, and internally,

mercilessly driven to achieve 100 percent for the satisfaction of submitting a piece of paper to the course director that would validate my intellectual prowess. It took me four tries to get the 100 percent. Instead of focusing on the joy of knowledge acquisition, I was left with a feeling of partial failure. No group-think, no socializing, no fun.

Well, perhaps it was not that bad, but it did point out a few of the intergenerational differences in medical professionals. Millennials have become our emerging workforce in medicine. They are wondrous. I am determined to embrace and learn from their unique approach to balancing all aspects of their lives, and I attempt daily not to be disturbed by some of their traits that, in my mind, may seem not serious or noble enough for the gravitas required in this endeavor of providing medical care for others. It is about finding common ground—a journey of many steps.

*David R. Ruiz, MD, FAAFP  
Residency Program Director, Family Medicine  
PeaceHealth Southwest Medical Center and  
Clinical Professor, Family Medicine Department  
University of Washington School of Medicine*

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## ONLINE

### **Polypharmacy in the Elderly: Managing Multiple Medications in the Senior Population**

A conundrum for the prescribing physician is that the over-65 population is less likely to obtain the same therapeutic benefit from drugs as younger patients and are more likely to be affected by adverse drug events. This 1-credit monograph course will present risk management strategies based on the 2012 updated Beers Criteria for Potentially Inappropriate Medications (PIMS), a literature review of new findings on additional classes of drugs that should be reconsidered, and several tools for medication review.

### **Polypharmacy in the Elderly: What Nurses Should Know About Managing Multiple Medications in the Older Adult**

Nurses can help reduce the risks associated with polypharmacy in the elderly population by understanding how aging affects the ability to metabolize drugs, the types of drugs that cause the most problems in older patients, how to assess for drug-related problems, and how to intervene.

### **End of Life Communications: 2 Models**

This 1-hour Internet-based activity features a defense attorney, a psychiatrist, an internist in palliative care and a critical care pulmonologist presenting End of Life communications in the hospital setting—first, for the physician in private practice and second, hospital-employed physicians. Specific techniques are presented to avoid creating unrealistic expectations, promote symptom control, allow the patient to die at peace, and spare the families the anguish of seeing their loved one suffer.

### **Emergency Medicine: Risk and Claims**

The 40,000 emergency physicians in the US practice in a risk-prone environment. Are there patterns that can inform physician risk management strategies? This self-paced Internet monograph presents comparative claims data, reviews medical literature, and presents case studies for causes and types of diagnosis error to suggest methods for improving accuracy in the emergency setting.

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***Mandatory Bundled Payments: Medicare's Comprehensive Care for Joint Replacement Program***  
<http://tinyurl.com/hn66mj6>

## RISK MANAGEMENT UPDATE

### **Health & Human Services Announces Additional HIPAA Guidance**

#### **Important Information Regarding Patient Access to PHI and Medical Record Copy Fees**

On March 1, 2016, the Department of Health and Human Services Office for Civil Rights (OCR) announced HIPAA guidance that addresses patients' right to access health information and clarifies appropriate fees for copies.

In an attempt to help improve patient access to their health information, the OCR has developed a comprehensive fact sheet and a series of frequently asked questions (FAQs) describing requirements regarding sharing and charging for medical record information.

Issues covered in this new guidance address:

- Requests for Access
- Fees for Paper and Electronic Copies
- Individual's Right to Direct PHI to Another Person
- How the OCR Guidance Affects the Applicability of State Laws

Every member of your health-care team involved in responding to requests for protected health information will need to be familiar with this new guidance. The new HIPAA guidance materials, including the fact sheet and both the first and second set of FAQs, can be found on the OCR's website at [www.hhs.gov/hipaa/for-professionals/privacy/guidance/access](http://www.hhs.gov/hipaa/for-professionals/privacy/guidance/access)

*(Love Your Millennials, Continued from page 7)*

most other industries have already gone through. Millennials are particularly adroit with technology—they know how to design it and use it, and they understand that it's there to serve people as a social and communication tool.

As Kim Scurr of the University of California, San Francisco (UCSF), Benioff Children's Hospital notes, while electronic health records, for example, have given many clinicians fits, "For the Millennials, this was a very natural transition."

Millennials expect and want to use technology in the workplace. They also expect and want their care providers to be connected and available 24/7 just like they are. "Millennials are demanding a life-centric approach from health-care providers," says Ann Somers Hogg of Carolinas HealthCare System. They have no tolerance for driving to clinics, filling out forms, waiting for hours, and being treated like widgets.



care seems like a good opportunity to them.

**4 WAYS TO BRING MILLENNIALS INTO THE FOLD**

With all this energetic talent at your disposal, how do you leverage Millennials to become a more integrated and valuable part of your workforce? We

have a few suggestions:

**1 Stop "Boomer-splaining"**

Nothing turns a Millennial off faster than when you are condescending and talk down to them. Given what Millennials bring to the table as employees and consumers, it's time to listen as much as talk. "Reverse mentoring" is a great way to get executives and Millennials together to figure out what's what. Combine Millennial perspective and know-how with Boomer and Gen X experience and know-how to see what new stuff will emerge. At OhioHealth, according to Garrick Ducat, "Millennials are helping shape their digital strategy."

**Doing what's right in new ways**

The shift from volume to value is freeing health care to pursue its traditional purpose more directly by giving patients the care quality they deserve. Millennials are especially drawn to working for organizations that are purpose-driven, caring, and out to make the world better. Dr. Jean Wright of Carolinas HealthCare System has used a purpose-centered recruiting effort to attract Millennial data analytics experts to join health care and succeeded over counter offers from banks and Internet service providers. In addition, Millennials are drawn to innovation. With health care on the precipice of exciting entrepreneurial and technological change, health

*"We look to the Baby Boomers for containment and stability, and the Millennials for relevance."*

DR. NINFA SAUNDERS  
CEO, NAVICENT HEALTH



## 2 Forget status-quo; think no-quo

How does an organization figure out new and better ways to do things? It often starts with strategic planning sessions, but if that meeting is filled with the same old faces, you're likely to get the same old answers. Strategy expert Vijay Govindarajan says, "You need voices in the room that aren't vested in the past."<sup>3</sup> Govindarajan recommends following the 30/30 rule. Make sure that at least 30 percent of the people who make strategic decisions in your organization are 30 years old or younger. Navicent Health is doing just that by creating a "Next Gen" advisory group of 12 to 15 individuals from Millennial and Gen X groups to inform, engage, and guide the organization in developing its workforce and patient-focused strategies. As Navicent's CEO, Dr. Ninfa Saunders, puts it, "We look to the Baby Boomers for containment and stability and the Millennials for relevance."

## 3 Let them hack

Millennials want to solve problems and make things better. One way to get them engaged and working on projects that



make a difference is to set them up in teams that are focused on driving improvements in workflow or results using a Lean-type approach. You can also provide them with a dedicated space or time (a hack-a-thon) to problem-solve and execute various innovation ideas with peers and cross-generational team members.

## 4 Turing-test your technology

The problem with health-care technology is that it too often serves its own needs, not the needs of actual human beings in the workforce and the market. Millennials will not shy away from telling you when technology misses the mark because it lacks the human dimension. With adoption rates for telemedicine and health portals at abysmal levels, health-care organizations need people who can tell them why a technology solution won't work, isn't working, or what can be done to improve it. As one health care executive stated, "If technology doesn't get you better connected to health care, then it's missing the mark."

## AND, OH YEAH, WE'RE ALL DIFFERENCE MAKERS

Finally, one of the most telling things we've heard health-care executives say about Millennials is that they remind them why they got into health care in the first place. The sense of optimism, can-do spirit, urgency, caring, empathy, and purpose is embedded in just about everyone who enters the health-care profession. Yet too often, outmoded systems and approaches stifle those feelings over time and leave people jaded or worn down rather than innovative and focused on real needs. However, some, like Mike Fencel of Universal Health Services, have confirmed that "Both personally and as a company we have been focused on the type of future leaders we recruit and attempt to develop."

Organizations that are aligned with the right goals, incentives, and sense of purpose bring out the best in people. We've both seen how people react when cultures and leadership get renewed. Suddenly, the Difference Maker in all of us emerges. It doesn't really depend on what generation you're from. We're all more alike than we are different. But sometimes it takes a fresh approach to put things in the right perspective.

These days, organizations with nimble, innovative, and competitive cultures are winning because of their people. Millennials are an asset and an investment in that kind of culture. 

## References

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- <sup>2</sup> Bruce N. Pfau, "What Do Millennials Really Want at Work? The Same Things the Rest of Us Do," *Harvard Business Review*, April 7, 2016, accessed June 5, 2016, <https://hbr.org/2016/04/what-do-millennials-really-want-at-work>.
- <sup>3</sup> David Segal, "In Pursuit of the Perfect Brainstorm," *The New York Times Magazine*, December 16, 2016, accessed June 5, 2016, [http://www.nytimes.com/2010/12/19/magazine/19Industry-t.html?\\_r=0](http://www.nytimes.com/2010/12/19/magazine/19Industry-t.html?_r=0).



**Sara Roberts** is an authority on organizational transformation and building purpose-led companies. She's an executive consultant,

keynote speaker, and author whose latest book, *Nimble, Focused, Feisty: Organizational Cultures That Win in the New Era and How to Create Them*, will be published this August.



**Simeon Sessley** is an executive coach, advisor, and community builder leading health-care systems to better customer outcomes.

# PHYSICIANS INSURANCE PARTICIPATES IN ANNUAL WASHINGTON DC FLY-IN



“The goals of promoting the quality of health-care resonate with all members. Care professionals must make patient safety a top priority and to promote patient safety.”

DR. LESLIE STRUXNESS, MEMBER OF THE BOARD OF DIRECTORS

“There are many different interest groups vying for congressional attention. To promote the solutions that physicians and medical professional liability companies know are important to delivering better health care to our patients, it is critical that we advocate those solutions directly and proactively to our representatives in Congress.”

DR. BRIAN WICKS, MEMBER OF THE BOARD OF DIRECTORS

In May, members of Physicians Insurance’s board of directors and executives met with several members of Congress and their staff, in conjunction with PIAA’s annual Capitol Hill Day in Washington, DC.

In each meeting, Physicians Insurance representatives focused on three primary issues: (1) enacting effective medical professional liability reforms; (2) protecting medical volunteers during disasters, and (3) addressing telemedicine liability issues. Each issue is summarized below.

## 1 EFFECTIVE MEDICAL PROFESSIONAL LIABILITY REFORM

Physician Insurance advocates that Congress should enact comprehensive reforms that would reduce the excessive burden the current liability system places on the health-care delivery system, result in promoting effective patient and health-care provider communications, and improve patient access to health care. Meaningful reforms have been adopted in several states and have been proven to promote timely resolution of claims in a fair and efficient manner, resulting in the reduction of litigation costs, stabilizing medical

professional liability insurance premiums, and positively impacting consumer health-care costs.

Physicians Insurance supports PIAA’s push to enact proven reforms similar to California’s Medical Injury Compensation Reform Act (MICRA) that has been in effect for more than 30 years.

Meaningful reform components include:

- Full recovery of all economic damages
- Reasonable limit on noneconomic damages

- Sliding scale for legal contingency fees
- Collateral source rule, allowing evidence of outside payments to be admissible in court
- Ban on subrogation from collateral sources

patient safety, improving access to and services, and reducing health-care costs of Congress. Physicians and other health-care professionals should double our efforts to keep health care a top priority and solutions that further those goals.”

THE BOARD OF DIRECTORS

- Statute of limitations of three years after the date of injury or one year after discovery of injury
- Periodic payment of future damages for awards consistent with the Uniform Periodic Payment of Judgments Act
- Legal protections for compassionate communications to allow health-care providers to express sympathy to patients and others following an adverse event
- Cooling-off period that allows for issues to be resolved timely and without litigation
- Certificate of merit process to verify that a claim is meritorious before it is filed

The House has passed similar legislation in previous years. However, the Senate has failed to enact meaningful reform legislation.

## 2 PROTECT MEDICAL VOLUNTEERS DURING DISASTERS

Congress should enact laws that provide limited civil liability protection across state lines to health-care workers who give volunteer care during federally declared disasters. Such laws will encourage medical volunteerism and ensure that federally declared disaster victims will have timely access to health care by professionally trained health-care providers.

## 3 ADDRESS TELEMEDICINE LIABILITY ISSUES

Congress should address telemedicine liability concerns as the availability of telemedicine services expands. Our nation's health-care system is experiencing tremendous growth in telemedicine services through a wide variety of technologies and across state lines. These technologies provide greater patient access to health-care services and promote quality medical specialty care, especially in rural and isolated regions. Addressing the liability issues of telemedicine, including the provision of telemedicine services across state lines, will encourage health-care providers to participate in this new model of care, and thus increase access to health-care services, particularly in underserved areas.

## HOUSE REPUBLICAN TASK FORCE ON HEALTH CARE REFORM

Earlier this year, House Republican leadership announced the creation of the Task Force on Health Care Reform. The Task Force has been charged with developing an agenda for health-care reform with a focus on “patient-centered solutions that improve access, choice, and quality, lower costs, promote innovation, and strengthen the safety net for the most vulnerable.” Together with PIAA, Physicians Insurance will advocate for the inclusion in the Task Force's recommended health-care reform agenda of meaningful and effective medical professional liability reforms that are proven to work and have demonstrated success. [PR](#)

For more information on Government Relations contact [Anne@phyins.com](mailto:Anne@phyins.com)



From right to left: Dr. Leslie Struxness, member of the board of directors; Rick Nauman, Vice President Underwriting; Anne Bryant, Senior Director of Government Relations; WA State Representative Cathy McMorris Rodgers (R-5); Dr. Brian Wicks, member of the board of Directors; Les Stephens.



From right to left: Anne Bryant, Senior Director of Government Relations; Les Stephens; WA State Representative Derek Kilmer (D-6); Dr. Brian Wicks, member of the board of directors; Kate Wicks; Dr. Leslie Struxness; Rick Nauman, Vice President of Underwriting

PIAA is the leading national insurance trade association in the medical professional liability arena that advocates on federal and state regulatory, legislative, and National Association of Insurance Commissioners (NAIC) issues. Anne Bryant, Physicians Insurance's Senior Director of Government Relations, is the newly elected Chair of PIAA's Government Relations Committee.



For more information about PIAA, please visit [www.piaa.us](http://www.piaa.us)

# Connecting with Elderly Patients

FROM THE PHYSICIANS INSURANCE BLOG  
[www.phyins.com/taking-care](http://www.phyins.com/taking-care)

Patty could tell that something seemed different about Frank. As they walked their favorite trail around the lake, she noticed that her father was moving more slowly and he seemed to be running out of breath faster than she had remembered. The buttons on his shirt seemed to be slightly strained, as if he had gained weight in his stomach, and he complained about having eaten something that must have disagreed with him.

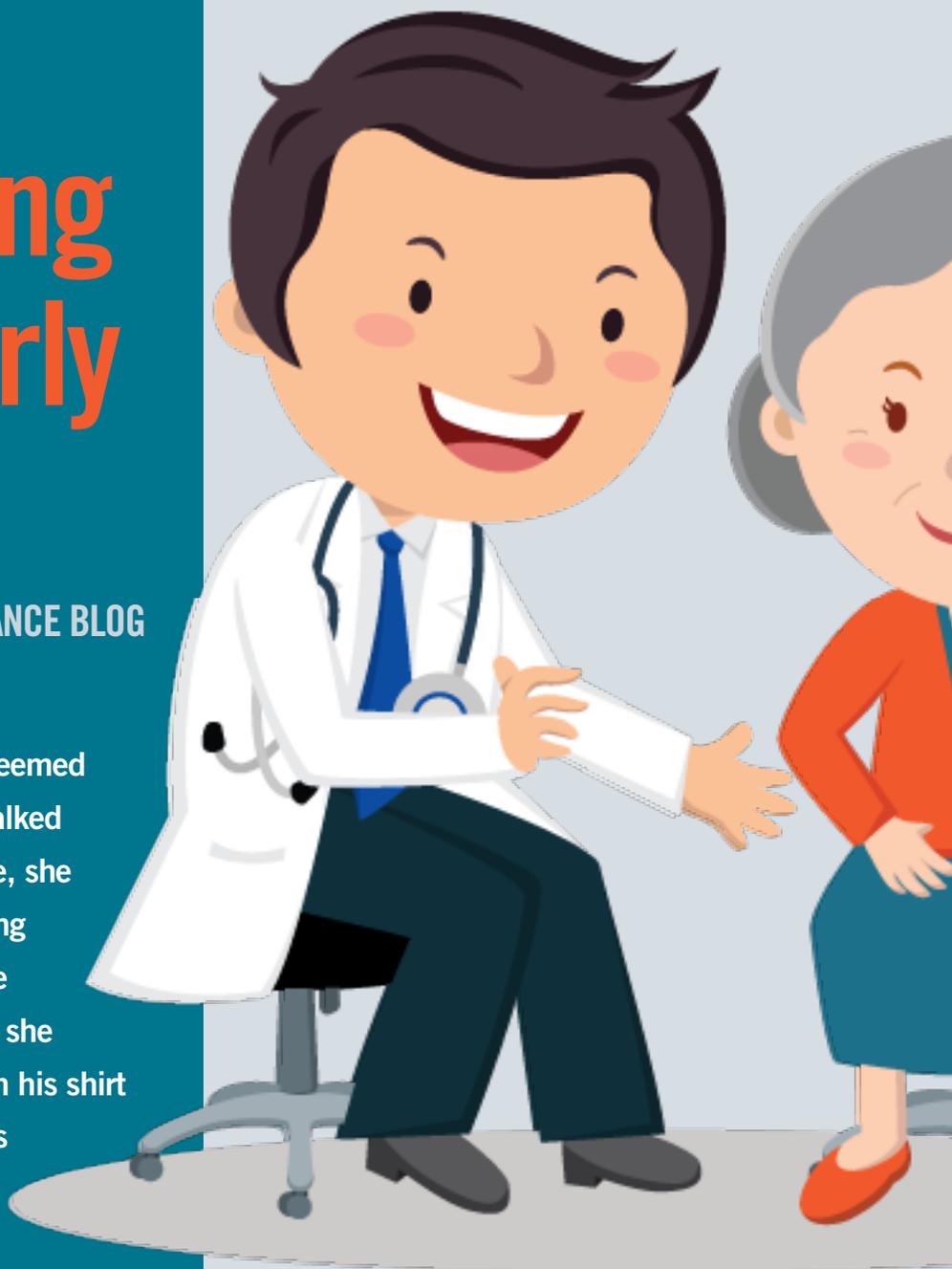
“Have you seen Dr. Jones recently?” she asked her father.

Her father scowled. “I had an appointment last week. But you know how it is with these young kids—in and out and here’s a bunch of pills. I’m just getting old.”

Patty frowned. “He prescribed medication? For what?”

“I don’t know,” Frank said, shrugging his shoulders. “He talks too fast. All those big words. They make no sense.” He spied a nearby bench. “Can we sit down for a bit? I’m so tired.”

Worried, Patty sat with her father, and they watched the ducks without speaking.



A week later, Patty received a call from the hospital. Her father was in the emergency room and appeared to have had a heart attack.

As she drove to the hospital, thoughts swirled in her head. What had gone wrong? Did the doctor miss a diagnosis? Had her father misunderstood the doctor’s instructions?

Most importantly, what could have been done to change this?

## WHAT COMES TO MIND WHEN YOU THINK OF YOUR ELDERLY PATIENTS?

You might imagine fragile people who have thin white hair and are hard of hearing. Perhaps their minds have begun to slip, and their memories aren’t what they once were. Maybe they walk with canes or walkers. You might think first of the health complaints that become more common as people age—congestive heart

failure, osteoporosis, arthritis, and dementia.

Do you bring these images to work with you? You might be inadvertently stereotyping your patients, forcing them to fit a mold they don't necessarily belong in. It's crucial to remember that each patient—including each elderly patient—is different and has different goals, different health concerns, and different needs.

Research has shown that patients who feel

Many elderly patients grew up with family doctors who provided care for each member. They took their time getting to know their patients and may have even made house calls.

like they have a relationship with their health-care provider are less likely to bring a lawsuit if a mistake is made or things go wrong. In today's health-care model, patient satisfaction is absolutely crucial.

Building relationships with your patients—including your elderly patients—can be challenging, but the payoffs are immeasurable and include improved health outcomes and happier patients.

**IT MIGHT BE HELPFUL TO TAKE A STEP BACK AND CONSIDER WHAT YOUR OLDER PATIENTS EXPECT FROM THEIR HEALTH-CARE PROVIDERS.**

Many of these patients grew up with family doctors who provided care for each member of the family and were an active part of the community. They took their time getting to know their patients and may have even made house calls.

Over the years, the medical model has changed considerably. Many providers feel forced into spending less and less time with their patients, and the provider-patient relationship sometimes gets pushed aside because of the limitations imposed by third-party billing and the need to see a large number of patients every day.

But now the pendulum has begun to swing back in the other direction. We're recognizing (again) the value of provider-patient relationships and the importance of taking the time to connect with and understand your patient. For your older patients, it may

feel like coming back full circle, and it's important to honor that.

While every elderly person has different needs, there are some concerns that, statistically, are more frequent in the elderly. For instance:

- Only 3% of adults ages 65 and over are considered proficient in health literacy, according to the National Assessment of Adult Literacy. Research has also connected lower health literacy with poorer physical and mental health.
- 12.7% of adults ages 60 or over report increased confusion or memory loss.

- Approximately half of all adults ages 65 and over report that they have been diagnosed with arthritis.

- Nearly half of Americans ages 65 and over have at least one major eye impairment.

Visual impairment often leads to other concerns, including increased risk of fall and fracture, increased risk of depression, difficulty identifying medications, and difficulty participating in daily activities such as bathing and dressing.

- More than 80% of those diagnosed with lung cancer are over the age of 60, and COPD prevalence in those ages 65 and over is estimated to be 14.2%.

These concerns may require you to adapt your conversation style. For instance, a patient with low health literacy will require explanation of health conditions and medications, along with explanations of why and how things happen. Jargon will confuse this patient, and some patients may not admit to their confusion. A patient with hearing loss may require you to speak louder and more slowly or to write down instructions clearly (or type if your handwriting is hard to decipher). Patients with confusion or memory loss will also benefit from written instructions, and it may be helpful to ask them to bring someone else along, an adult child for instance, who can answer your questions more fully and help them remember your instructions. A person with lung disease may speak quietly, be difficult to understand, or become exhausted from a lot of speaking. It's important to be patient and allow them to tell their story on their terms.

What other steps can your office take to connect with your elderly patients? You may find that these steps go over well with all your patients, not just the older ones!

*(Continued on page 35)*

# Building Your Multigenerational Workforce

## While Understanding New Employment Risks

by Justin A. Steiner, JD

By 2020, Millennials will constitute over 50 percent of the employees in the workplace; by 2025, Millennials will constitute over 75 percent. As a result, it is undeniable that the unique views and expectations of Millennials will shape the workplace in the coming years.

Employers need to equip their workplaces to address the new and different legal issues that will arise from the growing influence of Millennials. Efforts to attract and retain Millennials will become more critical in the coming years. With those efforts, however, is the risk of inadvertently engendering age-discrimination claims by older members of the workforce.

Perhaps the most distinguishing trait of Millennials is their adeptness with technology, including in employment. The term “digital natives” is steadily gaining in use and refers to individuals who grew up with digital technology, and as a result became conversant at an early age with computers, mobile devices, and the Internet. One outgrowth of Millennials being digital natives is their high-volume use of social media. The growing percentage of Millennials requires that employers

proactively address social media in the workplace or be exposed to legal risks, such as breach of confidentiality, invasions of privacy, and even harassment and discrimination claims.

Another distinguishing trait of Millennials in employment is that they place more emphasis on personal needs than they do on the needs of the organization. The result is that Millennials seek



### RISK OF UNINTENDED AGE DISCRIMINATION

As employers strive to recruit and retain Millennials, the potential exists for both intentional and unintentional age discrimination. For example, in 2011, Google settled a claim brought by a computer scientist who was fired at the age of 54 and alleged his younger supervisor made ageist remarks. At the Y Combinator Startup School at Stanford University in 2007, Facebook founder Mark Zuckerberg was reported to have said, "I want to stress the importance of being young and technical. Young people are just smarter."

While there are no doubt valid reasons for recruiting technically savvy employees, employers need to be careful how they go about it. State and federal employment laws protect applicants and employees 40 and older from discrimination based on age. According to the US Equal Employment Opportunity Commission (EEOC), job notices should not advertise for "young professionals," "college students," or "recent college graduates," because those phrases violate the law. A job notice advertising for "digital natives" would undoubtedly have equivalent problems. Similarly, treating employees in earlier generations less favorably based on assumptions that they lack the technical adeptness of Millennials is also problematic and may give rise to age-discrimination lawsuits.

To address these risks, employers should start by simply being cognizant of the potential for unintentional and intentional age discrimination against older generations as Millennials are recruited and incorporated into the workplace. Second, employers should recruit and prioritize skill sets rather than age groups. For example, rather than advertising for a digital native (which excludes applicants over 40), an employer could advertise for applicants fluent in social media and conversant with the latest technology (which includes applicants of any age).

### RISK ASSOCIATED WITH MILLENNIALS' AFFINITY FOR SOCIAL MEDIA

Part and parcel of Millennials' comfort with technology is their ubiquitous use of social media. Millennials' lives are chronicled for all to see online. It is understandable that an employer may seek to tap this wealth of information when considering a Millennial for employment. However, there are legal risks when an employer researches an applicant on social media.

Information potentially found on social media, such as an applicant's religious affiliation, national origin, sexual

greater work-life balance, which can manifest in more demands for telecommuting, flexible schedules, and time off than previous generations expect. Millennials' need for work-life balance makes it incumbent on employers to have clear, comprehensive policies for time off, telecommuting, and flexible schedules to preserve the orderly functioning of the business.

*(Continued on page 33)*

# Trial Results



The following summaries are Physicians Insurance cases that have gone to trial and are public record. In reporting these legal results, it is our goal to inform members about issues that impact health-care professionals. While we share information we think may be informative, we choose not to disclose the names of plaintiffs or defendants when reporting these results.



## Alleged Lack of Informed Consent/ Delay in Treatment

**SPECIALTY:** Oncology

**ALLEGATION:** The Estate of a 79-year-old male alleged lack of informed consent and improper and untimely care and treatment of an infection at the site where a PICC line was placed. The patient had been diagnosed with aplastic anemia, and a PICC line had been placed for ATG therapy and blood transfusions. The patient received his first ATG therapy, and within days, the patient's wife was calling to report muscle and joint pain. It was believed the patient was experiencing serum sickness from the ATG therapy, and the wife was instructed to bring the patient to the hospital if his symptoms worsened. Several days later, the family called to report the patient had a fever, was shaking, and unable to walk. The patient was transported to a hospital, and it was discovered the patient had a staph infection at the PICC line site and serum sickness. The staph infection resolved, but the patient's aplastic anemia progressed, and the patient passed away. The Estate claimed medical specials and general damages.

**PLAINTIFF ATTORNEY:** Jossi Davidson, Law Office of Jossi Davidson, Silverton, OR

**PLAINTIFF EXPERT:** Samuel Berkman, MD, Hematology, Beverly Hills, CA

**DEFENSE ATTORNEY:** Gordon Welborn, Hart Wagner, Redmond, OR

**DEFENSE EXPERTS:** James Leggett, MD, Infectious Disease, Bellevue, WA; Richard Maziarz, MD, Oncology/Hematology, Portland, OR

**RESULT:** Defense Verdict. Lane County Superior Court, Judge Zennaché

## Alleged Negligent Interpretation/ Negligent Recommendation

**SPECIALTY:** Radiology

**ALLEGATION:** A 27-year-old female alleged negligent interpretation of a breast ultrasound performed for a palpable left breast mass, negligent reassurance given for the ultrasound and mammogram results, and negligent recommendations for follow-up, resulting in a five-month delay in diagnosis of invasive ductal carcinoma, with a worsened prognosis and need for more extensive treatment. The mammogram was interpreted as likely fibroadenomas. The patient was advised the finding could be managed in several ways, including ultrasound follow-up, clinical follow-up, needle biopsy for confirmation, or excisional biopsy. The results were sent to the patient's primary care provider, and the provider had documentation of written follow-up. The patient followed up five months later and underwent a left mastectomy, a left prophylactic right mastectomy, and prophylactic removal of her ovaries. The patient was in remission at the time of trial. The patient claimed past and future medical expenses, future wage loss, and general damages.

**PLAINTIFF ATTORNEY:** Terrance Kay, Kay Law Firm, PC, Salem, OR

**PLAINTIFF EXPERTS:** Stanley Wells, MD, Radiology, Gig Harbor, WA; Michael Van Scoy-Mosher, MD, Oncology, Los Angeles, CA; Michele Nielsen, RN, Life Care Planner, West Linn, OR

**DEFENSE ATTORNEY:** Karen O'Kasey, Hart Wagner, Portland, OR

**DEFENSE EXPERTS:** Michael Veverka, MD, Radiology, Tillamook, OR; Rachel Brem, MD, Radiology, Washington, DC; Brent Burton, MD, Toxicology, Portland, OR; Mark Yerby, MD, Neurology, Portland, OR

**RESULT:** Defense Verdict. Multnomah County Superior Court, Judge Roberts

## Alleged Fail to Diagnose/Treat

**SPECIALTY:** Dermatology; Physician and Physician Assistant

**ALLEGATION:** A 47-year-old female alleged negligent diagnosis and treatment of a skin lesion resulting in chance of recurrent cancer and significant scarring. The patient was seen in 2007 and 2010 by a physician assistant for various concerns/treatment, including an evaluation of a lesion on her left upper thigh of several years' duration. It was believed to be a dermatofibroma. At the 2010 appointment, the PA-C recommended a follow-up appointment with the physician for excision. The patient

*(Continued on page 34)*



*(Multigenerational Workforce, Continued from page 31)*

orientation, and medical condition, cannot be used in hiring decisions under various state and federal laws. By learning such prohibited information from social media, employers create the risk of future disruptions in the workplace and even lawsuits that may have been avoided otherwise. Therefore, an employer should consider prohibiting research of applicants on social media. However, if an employer decides that researching social media is too useful a tool to ignore when screening applicants, it should consult legal counsel to ensure that the manager or supervisor conducting such research is familiar with the legal complications and risks inherent in such activity.

Keep in mind that the legal risks posed by learning prohibited information from social media persist once an applicant starts working. To further minimize those legal risks, employers should enact a comprehensive social-media policy to include in their employee handbook. In creating a comprehensive social-media policy, an employer should consider: (1) whether to encourage, discourage, or tolerate social media use; (2) whether the policy will apply only to use of social media in the workplace on the employer's IT resources or also to use outside of the workplace on employees' personal IT resources; (3) guidelines for use of social media, taking into account the nature of the business, characteristics of the workforce, and the workplace environment; (4) how to ensure that confidentiality of critical information is

preserved, including proprietary business information, and perhaps most critically, patient health information; and (5) the National Labor Relations Act, to avoid illegally hampering protected activity under Section 7 (which relates to union activity, including the right to self-organize, join labor organizations, bargain collectively, and other concerted activity for the purpose of collective bargaining).

#### DEMANDS OF WORK-LIFE BALANCE REQUIRE GOOD POLICIES

Work-life balance is often cited as the most important or one of the most important considerations to Millennials in employment. As such, it's vital that employers enact or update policies related to work-life balance, since Millennials will no doubt closely scrutinize and rely on those policies. In particular, employers should ensure they have comprehensive policies regarding time off, telecommuting, and flexible schedules to avoid unnecessary disruptions, low morale, or poor retention of Millennials.

A time-off policy should: (1) state what type of time off is available (e.g., sick, vacation, PTO); (2) define which employees are eligible for time off; (3) explain how time off is calculated; (4) place any restrictions on the carryover of time off from year to year; (5) state the procedure for requesting time off; and (6) describe how it is accrued and how unused time off is treated upon separation of employment.

A telecommuting policy should: (1) define which employees are eligible; (2) describe the procedure to request telecommuting; (3) explain employee responsibilities (e.g., for accessibility during work hours); (4) explain employer responsibilities (e.g., for technical support); and (5) remind employees that they must comply with all other policies when telecommuting.

A flexible schedule policy should: (1) define which employees are eligible; (2) describe the procedure for requesting a flexible schedule; (3) explain the parameters and guidelines for a flexible schedule, such as how hours should be kept, expectations for timely completion of all work, and requirements for availability by telephone, e-mail, etc.; and (4) remind employees that they must comply with all other policies when on a nonstandard schedule.

Understanding the expectations of the incoming generation and setting up the appropriate policies and communications sooner rather than later will help pave a successful path for your organization as Millennials become a more important part of its future. 



**Justin A. Steiner**, an attorney with *Bennett Bigelow & Leedom* in Seattle, Washington advises and defends physicians, clinics, and hospitals in both employment and medical professional liability matters.

*(Trial Results, Continued from page 28)*

did not return until 2013, at which time the physician evaluated the lesion and, suspecting it was a cyst, injected a steroid and asked the patient to return for excision. The patient returned, and the physician performed the excision. Pathology showed a dermatofibrosarcoma protuberans, a very rare form of skin cancer. The patient underwent radiation therapy, a large, wide local excision, and flap reconstruction. The patient claimed past and future medical expenses, disfigurement, fear of recurrence, and general damages.

**PLAINTIFF ATTORNEY:** Anthony Shapiro, Hagens Berman, Seattle, WA

**PLAINTIFF EXPERT:** Kent Carson, MD, Dermatology, San Jose, CA

**DEFENSE ATTORNEYS:** Rebecca Ringer & Colin Kearns, Floyd, Pflueger & Ringer, Seattle, WA

**DEFENSE EXPERT:** Gerald Bernstein, MD, Dermatology, Seattle, WA

**RESULT:** Defense Verdict. King County Superior Court, Judge Ramseyer

### Alleged Improper Surgical Treatment

**SPECIALTY:** Obstetrics and Gynecology

**ALLEGATION:** A 44-year-old female alleged negligent hysterectomy involving a suture placed in the iliac vein, resulting in permanent vascular compromise. The hysterectomy was complicated by multiple large fibroids and a complex lobulated mass deep in the left pelvis, displacing the uterus and rectum to the right side. The complication was appropriately recognized, and the patient underwent an open thrombectomy and reconstructive surgery of the external iliac vein. The patient claimed residual swelling of her left leg, discoloration, and a slight limp but had resumed exercise and all activities of daily living. The plaintiff claimed medical expenses and general damages.

**PLAINTIFF ATTORNEYS:** Bethany Mito Lee, Edward Lee, and Chris Anderson, Lee & Lee PS, Seattle, WA

**PLAINTIFF EXPERTS:** Carl Adams, MD, Vascular Surgery, Durango, CO; Ruby Huttner, MD, Obstetrics and Gynecology, Flemington, NJ; Ted Becker, PhD, Rehabilitation Medicine, Everett, WA

**DEFENSE ATTORNEYS:** Amy Forbis and Jennifer Criscera, Bennett, Bigelow & Leedom, Seattle, WA

**DEFENSE EXPERTS:** William “Buck” Peters, MD, Gynecology, Seattle, WA; John Gollhofer, MD, Gynecology, Spokane, WA; Greg Moneta, MD, Vascular Surgery, Portland, OR; David Yu, MD, Physical Medicine and Rehabilitation, Seattle, WA

**RESULT:** Defense Verdict. King County Superior Court, Judge Ramseyer

### Alleged Lack of Informed Consent/ Improper Treatment

**SPECIALTY:** Obstetrics and Neurology

**ALLEGATION:** Plaintiffs alleged lack of informed consent regarding use of Depakote during pregnancy in the mid-90s, resulting in a child born with valproate syndrome with abnormal facial features, cognitive impairment, and pervasive developmental disorder. The mother is epileptic and was treated with an anticonvulsant Depakote. The mother and father desired a child. The mother, hoping to have outgrown her epilepsy, went off Depakote and had a grand mal seizure. The mother was referred to neurology for consultation on her medication and to establish care. Dates and details of care were unknown, as records were destroyed in the intervening two decades. The parents claimed they were not advised of the risk of Depakote during pregnancy, that they were not advised of alternative medications, adoption, surrogacy, or a delayed pregnancy until potentially safer drugs were available. The defendants contended the parents were advised of all known risks to pregnancy associated with epilepsy and with anticonvulsants, specifically valproic acid. The defendants further contended

that what was known in the mid-90s was that a majority of women taking Depakote during pregnancy would have a normal outcome, and that neurology and obstetric care was entirely appropriate. The plaintiffs claimed past and future medical expenses, future wage loss, and general damages.

**PLAINTIFF ATTORNEYS:** Chris Otorowski and Jane Morrow, Otorowski, Johnston, Morrow & Golden, Seattle, WA

**PLAINTIFF EXPERTS:** Stephen Glass, MD, Child Neurology, Woodinville, WA; Joseph Jeret, MD, Neurology, Rockville Centre, New York; Mize Conner, MD, Obstetrics and Gynecology, Bellevue, WA; Kathleen Leppig, MD, Genetics, Seattle, WA

**DEFENSE ATTORNEYS:** Jeff Street and Abby Miller, Hodgkinson Street Mephram, Portland, OR for defendant Neurologist

John Graffe and Michelle Taft, Johnson, Graffe, Keay, Moniz & Wick, Seattle, WA for defendant Obstetrician

**DEFENSE EXPERTS:** Mark Yerby, MD, Neurology, Portland, OR; Lily Jung Henson, MD, Neurology, Atlanta, GA; Philip Samuels, MD, Obstetrics and Gynecology, Columbus, OH; Thomas Easterling, MD, Maternal Fetal Medicine, Seattle, WA

**RESULT:** Defense Verdict. Pierce County Superior Court, Judge Chushcoff. 





(Connecting with Elderly Patients, Continued from page 29)

### 1 Train your team.

Before you even come into contact with each patient, they will have already met with several members of your team—your front desk, a medical assistant, and perhaps an RN. What impression is your team making? Are they being compassionate to the needs of your patient, or are their own biases showing? Problems interacting with the team may cause the patient to be less, well, *patient*, and will feel misunderstood before you even begin speaking.

### 2 Schedule extra time and avoid interruptions.

Your patient may need more time to tell his or her story or you might need more time for explanation and instruction. Either way, allow more time for the appointment and train your team not to interrupt you when you are with patients. This will help you communicate more effectively and build a patient-provider relationship.

### 3 Use decision aids such as anatomy models, images, and written instructions.

Make your discussion as memorable as possible by using decision aids to help explain. A model of a mobile joint, an image of the circulatory system, and instructions that are printed in a larger size font will go a long way toward increasing patient understanding and improving compliance.

### 4 Check your nonverbal communication.

Speaking is only one aspect of communication. What is your body saying to your patients? You might think you're ready to listen to your patients' concerns, but if you are looking at a computer screen, checking the clock on the wall, or sitting in a closed-off position, your patients may pick up on the fact that you are feeling impatient. They may feel like they are bothering you and will be less likely to share important information.

### 5 Document your communication.

Make sure that your chart notes include the communication you had with your patient—everything from the patient's health history to the instructions you gave and the medication you prescribed.

Let's go back to Patty and Frank. What happened at Frank's appointment with Dr. Jones that could have been done differently?

Listen to what Frank had to say: "You know how it is with these young kids—in and out and here's a bunch of pills."

It's clear that Dr. Jones missed an opportunity. Frank did not feel valued or listened to. He felt rushed and didn't feel comfortable expressing his discomfort. He was provided with a prescription for medications, and he didn't understand why he needed them.

"He talks too fast. All those big words. They make no sense."

Dr. Jones likely hit Frank hard with a lot of jargon. Frank may also be having hearing

difficulties, but Dr. Jones didn't take a moment to find out. His rapid-fire speech delivery likely frustrated Frank.

Simply by slowing down the appointment, checking to see if Frank was understanding, and discussing the diagnosis and recommended medication, an unfortunate outcome might have been prevented. **PR**

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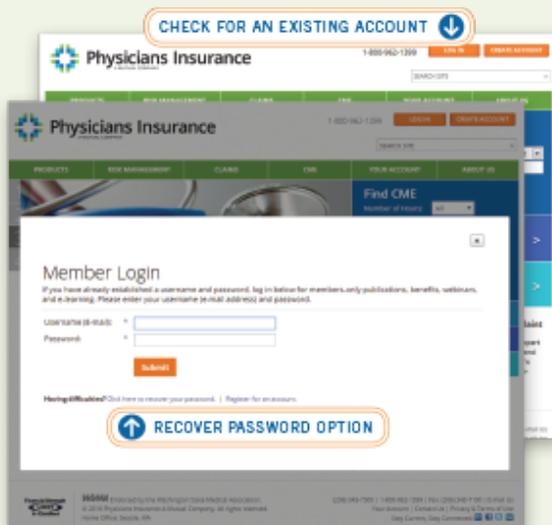
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