
Strategies for Enhancing Patient-Provider Communication

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Strategies for Enhancing Patient-Provider Communication

- Identify the importance of communication in medical encounters
- Identify the key aspects of patients' medical communication
- Recognize sources for racial disparities in medical communication
- Learn about interventions that may hold promise for reducing and eliminating racial disparities

Clinician-Patient Communication

- Communication in medical encounters is
 - ❑ A central clinical function
 - ❑ The main ingredient of medical care
- Communication - Definitions
 - ❑ Verbal
 - ❑ Non-verbal
 - ❑ Doctor's communication
 - ❑ Patient's communication
 - ❑ Other classifications

Classifying Medical Communication

- Dimensions of medical communication
 - ❑ Information-seeking
 - ❑ Information-giving
 - ❑ Information-verifying
 - ❑ Socio-emotional communication
- Communicators
 - ❑ Doctor
 - ❑ Patient
 - ❑ Companions

Clinician – Patient Communication

Evidence Linking Communication to Outcomes

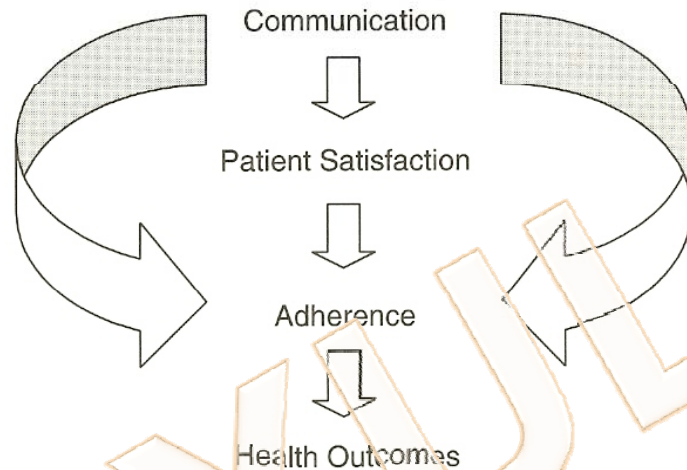


FIGURE 6-1 Evidence linking communication to outcomes.

- Effective communication in the medical interaction is associated with
 - Improved ability to recall doctors' recommendations
 - Higher satisfaction
 - Better adherence to treatment regimens
 - Improved biomedical health outcomes (BP, HgbA1c)
 - Fewer malpractice claims
 - Fewer patient complaints

Clinician patient communication

- Three ways to improve communication
 - Improve clinicians communication
 - Improve patients communication
 - Improve both
- Communication is a two – way street
 - Mutual dependency
 - Improvements in one can improve the other
 - Most improvement efforts focus on physicians

Improving communication

- Much effort to improve physicians' communication
- Less effort to improve patients' communication
 - Why focus on patients?
 - What is “good” communication?
 - What are the barriers?
 - A little about communication models
 - What interventions work?

Improving patients' communication

- Why focus on patients?
 - Patients who have difficulty communicating
 - Are less involved in consultations with their physician,
 - Receive less information and support
 - Are less satisfied with their care.
 - May not understand their treatment options
 - May have less knowledge
 - May have less positive beliefs about treatment
 - May have less trust in their physician
 - May experience poorer health outcomes

Improving patients' communication

- Why focus on patients' communication?
 - Improving patients' communication may be effective because patients....
 - are less likely to have established communication patterns,
 - often feel unprepared for their visits,
 - gain benefit from pre-visit preparation
 - Communication is a mutual endeavor
 - Improvements in patients' communication may produce improvements in physicians' communication

Improving patients' communication

- How can patients' assume some control, power, and influence in a medical encounter?
 - Passive vs. Active Communication
 - Passive communication is important (e.g., answering doctors' questions)
 - Active communication is a form of conversational control
 - Asking Questions
 - Being Assertive (making requests, disagreeing)
 - Communicating Concerns (or opinions)

Improving communication

- Active communicative behaviors
 - Questions, Assertions, Concerns
 - Can influence clinicians'
 - Communication
 - Behavior
 - Recommendations
 - Mutual dependency – Conversational norms
 - Answers follow questions

Improving communication

- Barriers to patients' use of active communication behaviors
 - Do not know...
 - how to question the doctor
 - what questions to ask the doctor
 - Fear...
 - that the doctor will react defensively (withhold questions, concerns)
 - of wasting the doctor's time (withhold questions, concerns)
 - that the doctor can't admit being ignorant of the answers
 - that the doctor will think they're stupid
 - that asking questions will expose ignorance
 - Believe...
 - that it is not OK to be interrupt the doctor (will not be assertive)

Improving communication

■ Model

□ What makes a competent communicator?

- Self-efficacy (able to speak about needs, concerns, opinions, preferences)
- Knowledge (about medical condition, preferences)
- Prepared
 - without **preparation** to actively participate,
 - patients' may not be ready to actively communicate and
 - may prefer to remain passive when unfamiliar with a health topic not knowing what to ask or say, feeling embarrassed, and wishing not to reveal ignorance

Communication is a skill

- Communication can be taught
- Preparation for the visit
 - May help overcome barriers
- Interventions
 - Question check lists
 - Coaching
 - Audiotape of previous consultation
 - Computer program
 - Video

Interventions to improve communication

■ Quick Literature Review

□ In a systematic review

- Question-checklists - Approximately 25 randomized trials indicate modest benefit from pre-visit question check lists using written materials given to patients
 - Coaching - Trained personnel coached patients to ask questions in 11 studies.
 - Other interventions used medical record review or audiotapes of previous consultations to prepare patients for their visit.
- Interventions have a modest effect on improving question asking, but have minimal effect on other outcomes.

Racial differences in medical communication

- Communication in medical encounters is less effective for blacks
 - Physicians are more directive, using less patient-centered styles with black patients
 - Less positive affect
 - Black patients seem to have more difficulty communicating with physicians
 - At least in part due to infrequent use of active communication behaviors

Racial disparity in Drs. Information-giving & patient participation

	Black	White	<i>P</i>
All Visits	(n=30)	(n=107)	
Dr. Info. Giving	49.3	87.3	<.001
Patient and Partner	21.4	37.2	<.001
Dyads	(n=16)	(n=37)	
Dr. Info. Giving	56.4	73.5	0.23
Patient	20.5	40.1	0.02
Triads	(n=14)	(n=70)	
Dr. Info. Giving	41.1	94.6	0.001
Patient and Partner	22.4	35.8	0.05

Predictors of information giving in three regression models

	<i>Beta (I)</i>	<i>Beta (II)</i>	<i>Beta (III)</i>
Black	-24.3 **	-21.7 *	-4.9
Age > 65		-2.5	-1.9
College		-2.9	-1.4
Mental Health Function		-1.0	-0.7
Physical Health Function		0.6	0.6*
Partner at visit		15.5	18.2 **
Patient+Partner Participation			1.1 ***
*P<.05; **P<.01; ***P<0.001			
Controlling for clustering of patients by MD			

MD Information Giving

- Black patients in this study received less information overall because they less often engaged in communication behaviors (e.g., questions, concerns, assertions) that typically elicit more information from doctors.
- Our findings raise concern for a cycle of communication that perpetuates patient passivity and limited information-exchange where
 - The patient does little to prompt the doctor for information and
 - The doctor, in turn, provides less information and may do little to encourage active patient participation
 - Gordon, et al, Cancer, 2006

Communication, Trust in Physician, and Patient Race

	Black	White	<i>P</i>
Patients' Perceptions*			
Informativeness	7.5 (2.9)	8.7 (2.3)	0.03
Partnership	6.3 (2.7)	7.8 (2.1)	0.02
Supportiveness	7.7 (2.4)	8.9 (1.4)	0.05

*Mean rating on a 10-point scale

Pre and post visit trust in physician

	Black	White	<i>P</i>
Pre-visit			
Trust in MD	8.3 (1.7)	8.3 (2.0)	0.96
Post-visit			
Trust in MD	8.2 (2.4)	9.1 (1.3)	0.04

Post-visit Trust in MD was predicted by

	<i>Beta</i>		<i>Beta</i>		<i>Beta</i>
Pre-visit Trust	0.29***		0.24***		0.1
Black	-1.16***		-1.04**		-0.21
Age			0.04**		0.01
Visit>20 min			0.63*		0.04
Informativeness					0.17**
Partnership building					0.15**
Supportiveness					0.46***
*P<.05; **P<.01; ***P<0.001					
Controlling for MD, education, health status, site					

Racial differences in trust

- Our findings raise concern that black patients may have lower trust in physician and the health care system in part because of poorer physician-patient communication
 - The results suggest that racial disparities in trust could be reduced and even eliminated with improved communication in medical encounters
 - Gordon, et al. Journal of Clinical Oncology, 2006.

How can we improve communication in medical interactions

- Communication is a two-way street
- Improving communication can be directed at both doctor and patient
- However focusing on the patient may be particularly effective
- Patients who are passive and less involved in their consultation receive
 - Less information and less support from their doctor
 - Tend to be less satisfied
 - May not understand their health and treatment options
 - May experience poorer health following the consultation

Developing an intervention

- A timely intervention that specifically addresses
 - patients' beliefs,
 - provides appropriate medical knowledge,
 - encourages participatory communication behaviors, and
 - engages patients to perform tasks
 - And also prepares physicians for more active patients
- May increase patients' active participation in medical consultations



Communication competence for patients

- **Model of communication competence**
 - **Motivation**
 - belief in the legitimacy and importance of (patient) involvement in the process
 - **Knowledge**
 - the clinical evidence associated with risks and benefits of treatment options
 - **Communicative skill**
 - the linguistic capacity to actively participate in a way the other understands

Communication competence

- Motivation
 - Legitimacy of patient participation
 - Self-efficacy
- Knowledge
 - Information is necessary, but not sufficient (need skills)
- Skills
 - Patient activation
 - Role-modeling
 - Opportunity to practice
 - Write down questions
 - Practice what you will say

Working to Improve Doctor–Patient Communication

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