

# Effective Communication to Improve Quality of Care

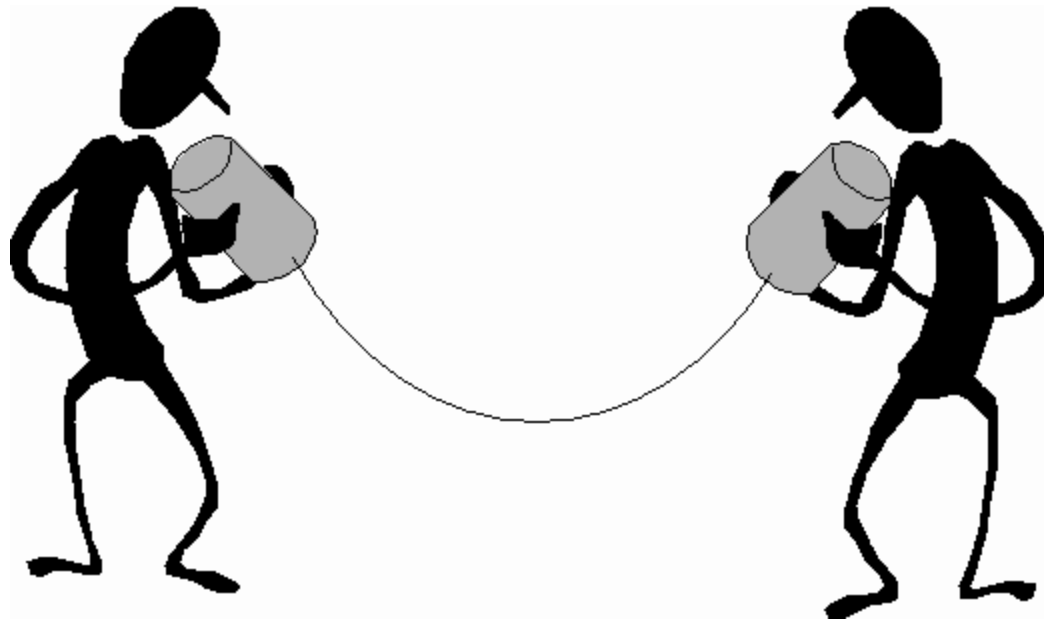
Chapy Venkatesan, MD

Role Play – 5 minutes

# Role Play #1 - Debrief

- Physicians
- Patients
- Was understanding confirmed?
- How?

What do we already know about physician communication?



"Must reading for every physician who cares for patients and every patient who wishes to get the best care." — *Time*

NEW YORK TIMES BESTSELLER

# How Doctors Think

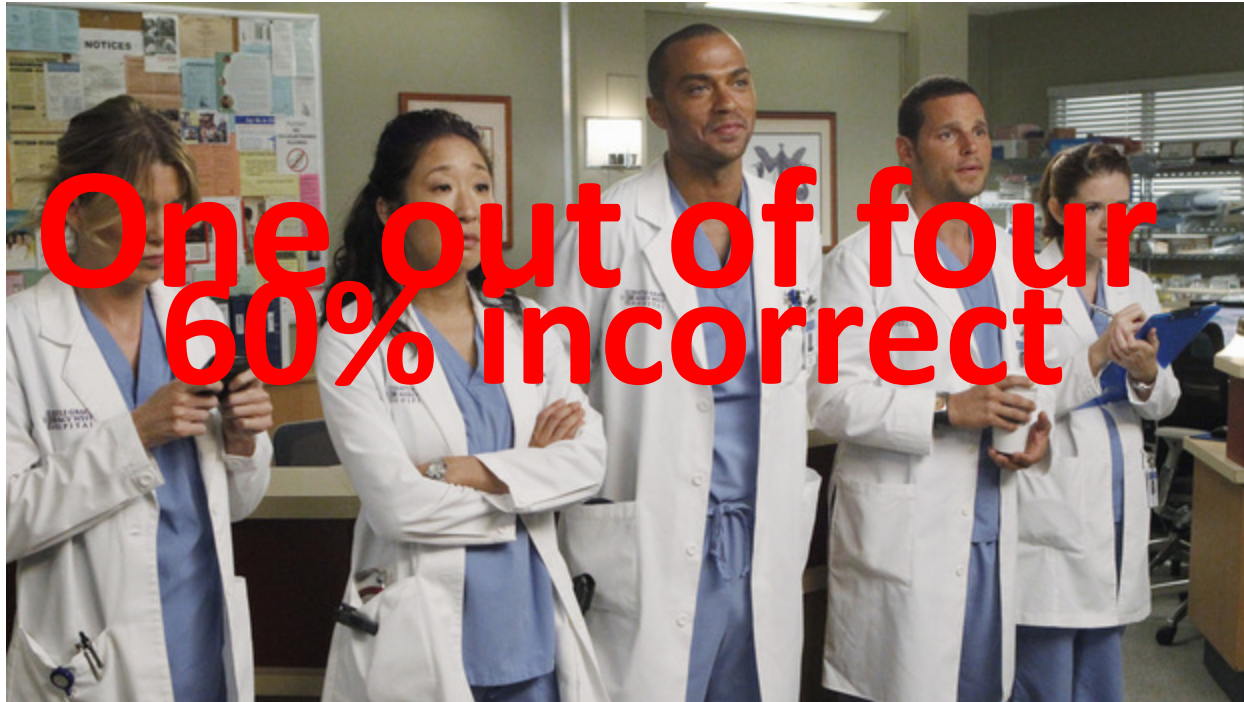
# 18 Seconds



JEROME GROOPMAN, M.D.  
WITH A NEW AFTERWORD



Can you name one physician or trainee caring for you?



Arora et al. Archives of Internal Medicine. 2009.

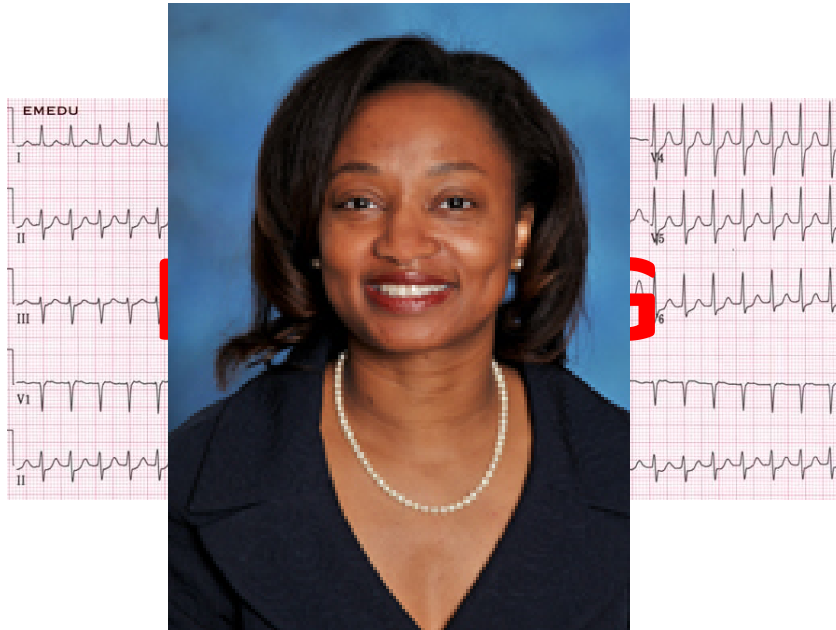
# Understanding of POC

**TABLE 2. Agreement Between Patients and Physicians on Aspects of the Plan of Care**

Aspect of care	No. of occurrences/total No. of occurrences (%) <sup>a</sup>		
	No agreement	Partial agreement	Complete agreement
Primary diagnosis	83/230 (36)	43/226 (19)	104/231 (45)
Planned tests	87/231 (38)	23/230 (10)	121/233 (52)
Planned procedures	22/231 (10)	0/0 (0)	209/232 (90)
Medication changes	127/233 (54)	16/229 (7)	90/231 (39)
Physician consultations	105/233 (45)	17/243 (7)	111/231 (48)
Anticipated length of stay <sup>b</sup>	96/218 (44)	37/218 (17)	85/218 (39)

O'Leary et al. Mayo Clinic Proceedings. 2010.

## PATIENT



## PHYSICIAN







# Key Point

- There is a communication gap between patients and physicians in the hospital

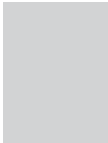
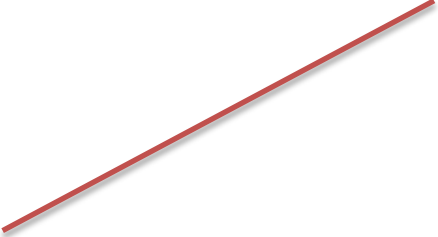
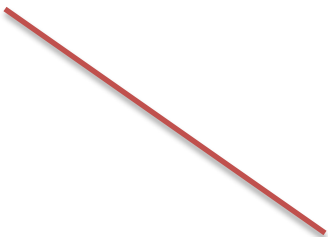
# What is health literacy?



- The ability to obtain, process, and understand basic health information and services needed to make appropriate health decisions and follow instructions for treatment.

Can only perform rudimentary tasks like identifying date of medical appt from an appt slip..

Difficulty understanding typical patient education handouts.



**asic**  **Intermediate**  **Proficient**

**Table 5. Some health knowledge deficits and risky behaviors of persons with limited literacy skills**

---

**Health knowledge deficits**

- Patients with asthma less likely to know how to use an inhaler
- Patient with diabetes less likely to know symptoms of hypoglycemia
- Patients with hypertension less likely to know that weight loss and exercise lower blood pressure
- Mothers less likely to know how to read a thermometer
- Less likely to understand direct-to-consumer television advertising

**Less healthy behaviors**

- More smoking, including during pregnancy
- More exposure to violence
- Less breastfeeding
- Less access to routine children’s health care

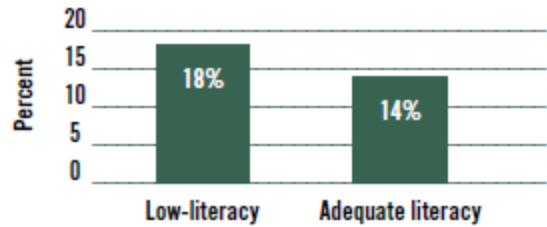
**Table 4. Some other health system problems experienced by persons with limited literacy skills**

---

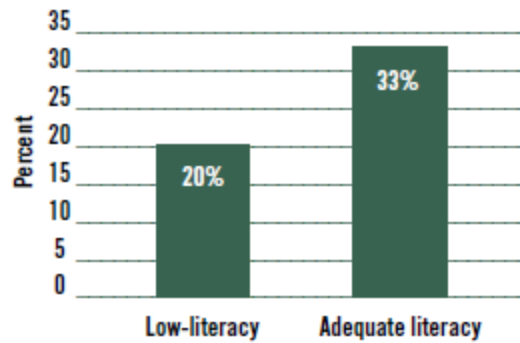
26%	did not understand when their next appointment was scheduled
42%	did not understand instructions to “take medication on an empty stomach”
(Up to) 78%	misinterpret warnings on prescription labels
86%	could not understand rights and responsibilities section of a Medicaid application

---

**Figure 2. Percentage of Medicare managed-care enrollees requiring hospitalization over a 3-year period**

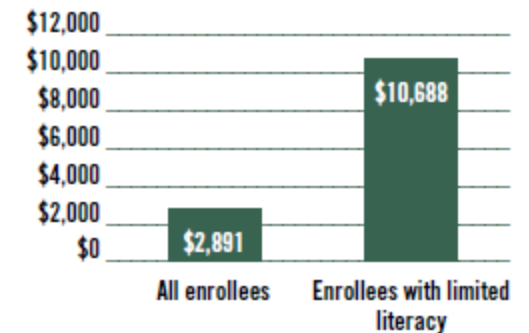


**Figure 3. Patients with tight diabetes control**



Tight diabetes control defined as a glycated hemoglobin level  $\leq 7.2\%$

**Figure 4. Annual health-care costs of Medicaid enrollees**



<b>Group</b>	<b>Below basic</b>	<b>Basic</b>	<b>Total</b>
	%	%	%
<b>Age (years)</b>			
19-24	10	21	31
25-39	10	18	28
40-49	11	21	32
50-64	13	21	24
65 and older	29	30	59
<b>Highest education level completed</b>			
Less than or some high school	49	27	76
High school graduation (no college study)	15	29	44
High school equivalency diploma	14	30	44
<b>Racial/ethnic group</b>			
White	9	19	24
Asian/Pacific Islander	13	18	31
Black	24	34	58
Hispanic (all groups)	41	25	66
<b>Health insurance status</b>			
Employer provided	7	17	24
Privately purchased	13	24	37
Medicare	27	30	57
Medicaid	30	30	60
No insurance	28	25	53

COMMUNICATION HAZARD



USE UNIVERSAL  
PRECAUTIONS



# Key Point

- Limited Health Literacy is COMMON and IMPORTANT. It is possible that ANY patient has limited health literacy.



**79 year old male with  
heart failure, almost  
ready for discharge**



- 13% chance of ADE
  - 1/3 preventable
  - 1/3 ameliorable
- 14% chance of at least one medication discrepancy
- 1 in 5 chance he'll return within 30 days

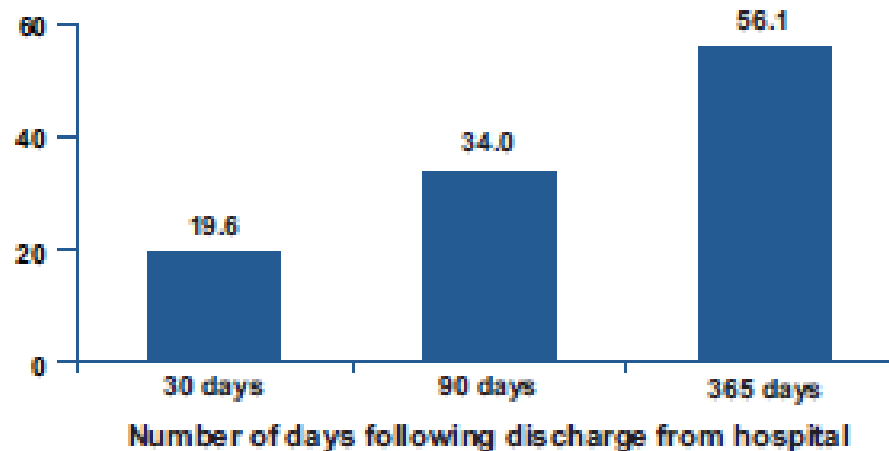


Forster et al. Annals of IM. 2003  
 Coleman et al. Archives of IM. 2005  
 Williams et al. NEJM. 2009  
 Budnitz et al. NEJM 2011.

20%  
preventable

### Rehospitalizations After Discharge from the Hospital Among Patients in Medicare Fee-for-Service Programs

Percent of patients rehospitalized (cumulative)



Source: Adapted from S. F. Jencks, M. V. Williams, and E. A. Coleman, "Rehospitalizations Among Patients in the Medicare Fee-for-Service Program," *New England Journal of Medicine*, Apr. 2, 2009; 360(14):1418-28.

# Key Point

- Hospital discharge is a vulnerable situation during which patients may be distracted and can be associated with poor outcomes

# Key Points

- There is a communication gap between patients and physicians in the hospital.
- Limited Health Literacy is COMMON and IMPORTANT. It is possible that ANY patient has limited health literacy.
- Hospital discharge is a vulnerable situation during which patients may be distracted and can be associated with poor outcomes

What are some practical tips to improve our communication practices?



# Reflective Listening

- Paraphrasing
  - “Let me make sure I understand”
  - “So you’ve been really struggling with this for awhile”

60/40  
rule

# Case

- Patient is a 30 year old female who was hospitalized for an asthma exacerbation - likely due to an upper respiratory tract infection. She came to the hospital late in her illness.
- She needs to be discharged on standing Advair diskus, two puffs twice daily and as needed albuterol. She also needs to check her peak flow measurements regularly and follow the asthma action plan.
- You need her to understand that even if she is feeling well, she needs to take the Advair diskus twice daily at all times.
- You also need her to understand that she needs to measure her peak flow three times a day, even if she feels well because that could help predict an exacerbation.

# Compare and contrast

**First interview**

**Second Interview**

# Creating a shame free environment

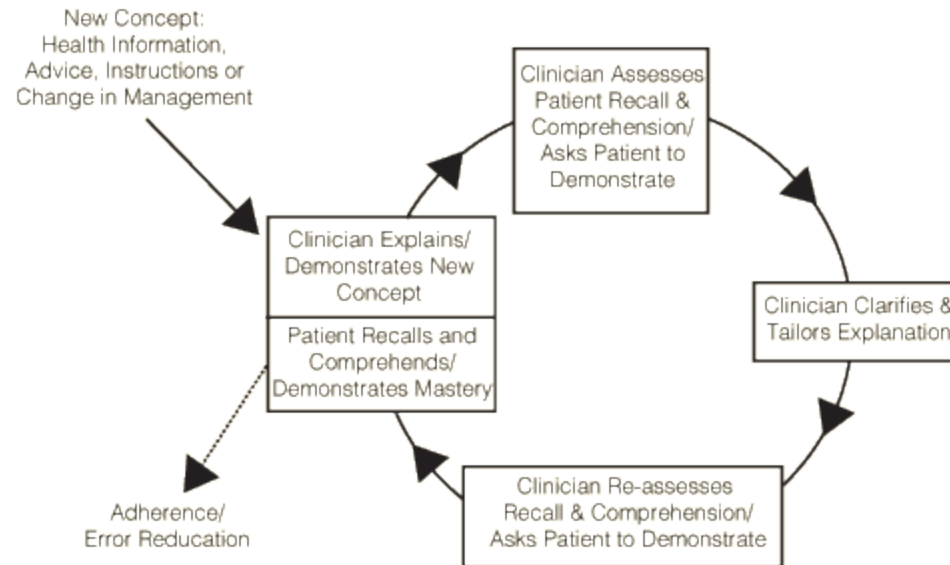
## **Shame Free**

- Place accountability for ensuring understanding on clinician.
- Ask “what questions do you have”?
- Avoiding jargon

## **Not Shame Free**

- Saying did you understand?
- Asking, do you have any questions?
- Uses jargon.

# Teach Back

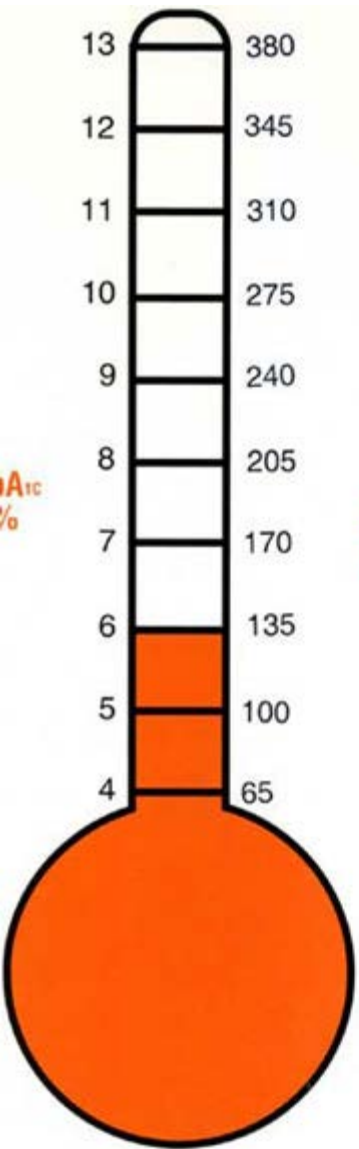


<http://www.innovations.ahrq.gov>

- MD described updated dosage → asked patient to repeat dosing schedule → corrected misunderstandings
- Teach Back + medication calendar improved anticoagulation control



<http://www.innovations.ahrq.gov>



- Interactive Communication Strategy is associated with lower A1c in patients with DM

Schillinger et al. Archives of IM. 2003.

# Low Health Literacy is Surmountable

- Discrepancies in asthma knowledge between those with high and low health literacy were *eliminated* when teach back was used in education.



F0010629 [RF] © www.visualphotos.com

Paasche-Orlow et al. Am J Resp Crit Care Med. 2005.



Role Play – 5 minutes

# Role Play #2 - Debrief

- Physicians
- Patients
- Was understanding confirmed?
- How?