Improving Physician-Patient Communication with the “Patient Plan”

Tag Words: Health literacy, doctor-patient relationship, communication, decision-making, professionalism, treatment options, patient plan, Electronic Health Records

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Summary: Health literacy is a serious issue in the U.S. Only about 12 percent of Americans possess adequate health literacy skills to navigate the healthcare system. By improving the way physicians communicate with their patients, patients will be more empowered to make medical decisions based on the information their physician has given them. There are several approaches to improving health literacy in the population, and a way to share these approaches with physicians is to submit a letter to the American Medical Association’s newsletter. In our video, we encouraged individuals to ask their physician for their “patient plan” print out so that can understand their doctor’s assessment of their health with possible diagnosis and recommendations for management and treatment.

Video Link: https://youtu.be/at34eF8t_rc

The Issue: Patients Do Not Always Understand Their Physician

The physician-patient relationship is a sacred bond in which a person’s life and quality of life are at risk. More physicians need to practice strategies that will improve the way they communicate with their patients to promote understanding and satisfaction. Without an effective conversation, the patient is susceptible to making errors during their treatment, resulting in additional and prolonged doctor’s visits and hospital stays.

Ideal Doctor-Patient Relationship

The connection between patients and their physicians is sacred, and must be upheld as such. Both parties must put forth effort to build a relationship using openness and honesty as a foundation. The patient and physician should feel comfortable openly discussing possibly delicate issues. More often than not, there exists a disconnect between patients and their doctors due to the unequal distribution of knowledge and authority. Doctors have all the knowledge, while patients put their trust and faith in them when they are in need. Physicians must radiate amiability in order to encourage patients to disclose crucial details about their medical situation. It is indeed important for doctors to be medically unbiased and maintain a degree of professionalism; doctors must not let these hinder a cordial environment for communication and increase the risk of a silent misdiagnosis.

The Silent Misdiagnosis

A flourishing doctor-patient relationship begins with the physician establishing an atmosphere in which the patient can unreservedly express their opinions and concerns while maintaining the doctor’s full attention. If physicians are persistently counselled by their institution to restrict informal and nonchalant interactions with patients, it is possible for physicians to be thinking about upholding a professional decorum rather than have focus completely on what the patient is saying. Jonathon Rauch, author of “How Not to Die”, explores one doctor’s perspective on
formality. Dr. Volandes insists “formality impedes communication” and “there’s nothing more essential to being a good doctor than your ability to communicate” (1). He went so far as to not allow Rauch to call him “Doctor” (1). Dr. Volandes strives to be perceived as empathetic and warm, and as a result eliminates formality which he believes to be an obstruction to effective communication. His method is one strategy physicians can utilize to prevent miscommunication between them and their patients. If miscommunication does take place, a ramification is a preference misdiagnosis, also called a silent misdiagnosis. Albert Mulley, author of “Stop the silent misdiagnosis: patients’ preferences matter” emphasizes the necessity for face-to-face discussions between and doctors and patients (2). He stresses that “The verbal and non-verbal cues that doctors receive from patients as they present the facts will help determine the preference diagnosis” (2). Physicians can sometimes collect just as much knowledge from their patients’ facial expressions and body language as they can from their patients’ words. When a doctor needs to gather information from a patient to make a preference diagnosis, prioritizing professionalism can be inhibitory.

Silent misdiagnosis events happen so often that most doctors may not realize it has occurred. Scientific detachment is one measure Mulley believes can be taken to prevent this sort of misdiagnosis. He writes, “To diagnose preference accurately doctors have to eliminate bias, which requires resisting several natural instincts” (2). Mulley goes on to explain how physicians possess a natural inclination to propose treatments that they specialize in, and how they can make the situation personal and think of what they would recommend to a loved one (2). Mulley is not directing physicians to reject empathy towards their patients, but is urging that physicians take a step back to listen to what the patients truly want, rather than subconsciously and unintentionally influencing their decisions.

Physician Bias
Physicians dismissing their bias is necessary to provide patients with treatment that is parallel with their beliefs and desires. Mulley addresses the matter of physicians’ perspectives not always aligning with patients’ interests. He explains that “the patient may value the risk, benefits, and side effects of the various treatment options differently” (2). If a physician is biased while conveying treatment options, a patient could adopt a mentality similar to the physician’s, in spite of it not being what he or she truly wants (2).

Volandes recognizes bias can come from anywhere, especially from the physician (1). He calculatedly makes monotone and flat informational videos in order to “provide information without evoking visceral emotion” (1). Rauch clarifies, “Any hint that he was appealing to sentiments like revulsion or fear to nudge patients toward a certain course of treatment would discredit his whole project, so Volandes does all he can to eliminate emotional cues” (1). Volandes brings scientific detachment directly to his videos (1). By eliminating all emotional characteristics of deciding on a course of treatment, he presents impartial medical information to patients, allowing them to decide on their own. Physicians should discard personal, non-medical beliefs without forsaking compassion for their patients.

However, if a physician is overly preoccupied with professionalism, a patient’s needs can be overlooked. Jeanne Farnan, author of “Online medical professionalism”, asserts that the doctor-patient relationship can be nothing less than professional and proper (3). She states that
“Professionalism is the foundation for the social contract between physicians and society (3). In exchange for the privilege of caring for patients, as well as the status, respect, and financial compensation that accompanies that privilege, society expects physicians to practice in a professional and empathetic manner and to self-regulate” (3). Farnan stresses that physicians should avoid and prevent unprofessional interactions at all times (3). Rauch would understand the significance of professionalism, but voice that it could impede the creation of a pleasant environment (3). Mulley’s attitude would correspond with Rauch’s, and he would highlight that finding a sufficient intermediate would most likely prevent a silent misdiagnosis.

When doctors perform professionally, they appear more self-confident and demand respect. This is suitable for creating an initial relationship with patients. Nevertheless, maintaining a demeanor of firm professionalism can obstruct a patient’s tendency to express their wants regarding treatment options.

Health Literacy
Health literacy is “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions” (4). It is dependent on several factors, such as the communication skills of the healthcare provider and the patient, and the knowledge each party has on the particular health topic. Health literacy is a superior predictor of overall health results than typical demographic aspects like age, gender, and socioeconomic status. It impacts people’s ability to perform self-care and chronic-disease management, maneuver through the healthcare system (for example, filling out complicated forms), and effectively share medical history with their providers. Math skills are also required when dealing with health-related issues, including understanding risk, calculating blood sugar levels, comprehending nutrition labels, and determining insurance premiums and copays when comparing multiple plans. People who are most likely to possess low health literacy are those with less than a high school degree (or GED), non-native English speakers, and older adults. Language, education, culture, and availability and access to resources influence a person’s health literacy. According to the National Assessment of Adult Literacy, “nearly nine out of ten adults may lack the skills needed to manage their health and prevent disease” (4). This results in an additional $73 billion annually in healthcare expenditures (5).

Consequences
Low health literacy has a number of ramifications, all of which can be prevented with initiatives targeted to promote health literacy. There can be increased medical costs due to errors made during self-treatment, greater visits to hospitals and/or healthcare providers, and poorer health outcomes as a result of lack of adherence to their treatment plan. The annual healthcare costs for those with low literacy skills are four times greater than the costs for those with adequate literacy skills (4). People with low health literacy sometimes do not have the knowledge needed to obtain the right kind of medical treatment when needed, thus increasing costs by going to an emergency room and increasing their risk of hospitalization by waiting too long to seek treatment.

Solutions
There are several solutions and programs in place to advance health literacy throughout the nation. Physicians and other healthcare providers can use simple language, rather than jargon, to describe the patient’s conditions and treatment options (6). In addition to this, they need more
time to interact with their patients in order to allow them to address their patients may have and clarify any confusing and unclear information (6). Currently, insurance procedures limit the time doctors can spend. This leads to less time building the critical doctor-patient relationship, less time the patient has to explain their symptoms and concerns, less time the doctor has to listen, and less time the doctor has to break down their diagnosis and treatment options.

Adding content about health literacy and communication to nursing and medical school curriculums would give healthcare providers a strong foundation on which they could build through their schooling and careers. One strategy that could be taught is the teach-back method (6). After the physicians describes the condition and treatment options to the patient, the patient repeats the explanation and instructions back to the physician in his/her own words.

Another resource for improving patient comprehension is a take-home printout given to the patient after a doctor’s visit. This printout, the Patient Plan, is a summary of the patient’s visit. See Appendix 1 for a sample Patient Plan. Patients should be encouraged to ask their physicians for a summary of their visit, and physicians should be encouraged to give one to their patient at the end of every visit regardless of whether or not the patient asks for one.

Oftentimes the patient can feel overwhelmed and get lost in medical jargon. It is easy to forget complicated information when receiving emotionally disturbing news. The Patient Plan is useful when the patient has questions, the answers could be on the form. This prevents patients from going online and receiving possibly inaccurate information or information that does not apply to their situation, or struggling to get a hold of the doctor on the phone.

No single strategy is enough to fix the problem of low health literacy. Combining a Patient Plan and an environment where patients feel comfortable asking questions can maximize health literacy and reduce the consequences of low literacy. If strategies are implemented together, progress can be made.

**Electronic Medical Records**

Currently, many physicians’ offices and hospitals take advantage of Patient Portals and Electronic Medical Records. These are websites patients can create an account for and log into in order to see their medical information from a healthcare provider (7). The information includes similar information found on the Patient Plan, such as tests ordered and results, medication, and vital signs. Some electronic health systems automatically produce a Patient Plan after a patient’s doctor visit, and the doctor would simply print it out and hand it to the patient. Ideally, all patients would be able to log into their accounts and see their medical information whenever they desired (7). However, this is not the case. Patients with a lower socioeconomic status may not have reliable access to internet or a computer, or not even have an email address to make an account with. Other patients have concerns about their privacy and do not support having their confidential information online. Patients who are not confident in their ability to use a computer or navigate the internet may be more reluctant to use a Patient Portal. A Patient Plan caters to all these types of patients by allowing them to be in charge of their information with a physical form.

**Community Action: Submit an Article to the AMA Newsletter**
The goal of the American Medical Association (AMA) is to assist physicians in helping their patients by bringing together physicians and medical students nationwide to work on the most important issues affecting health and wellness (8). Its newsletter keeps subscribers informed on news in advocacy, patient stories, practice management tips, and much more (8). The letter below was prepared to send to the AMA, but was thought too long to be included. A shortened version is provided above the original.

AMA Newsletter Submission:
(Shortened version)
When patients do not completely comprehend the conversations that they have had with their doctor after an office visit, a number of consequences, such as prolonged and increased risk of hospital stays, poorer health outcomes, and increased medical costs, can arise. A “Patient Plan”, the take home print-out that summarizes the patient’s office visit, can help them comprehend their diagnosis and treatment plan. The patient portal is also helpful, but only to patients that are internet savvy and have access to the internet. Other patients have concerns about their privacy and do not support having their confidential information online. A Patient Plan caters to all these types of patients by allowing them to be in charge of their information with a physical form.

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(Original version)
The connection between patients and their physicians is sacred, and must be upheld as such. Both parties must put forth effort to build a relationship using openness and honesty as a foundation. The patient and physician should feel comfortable openly discussing possibly delicate issues. More often than not, there exists a disconnect between patients and their doctors due to the unequal distribution of knowledge and authority. Doctors have all the knowledge, while patients put their trust and faith in them when they are in need. Physicians must radiate amiability in order to encourage patients to disclose crucial details about their medical situation. It is indeed important for doctors to be medically unbiased and maintain a degree of professionalism; doctors must not let these hinder a cordial environment for communication and increase the risk of a silent misdiagnosis.

When physicians and patients are not on the same page, a number of consequences can arise:
- Prolonged hospital stays
- Greater visits to healthcare providers and/or hospitals
- Increased medical costs resulting from additional medication & errors associated with treatment
- Lack of skills needed to obtain medical treatment
- Poorer health outcomes due to lack of compliance/adherence and/or medical errors
- 50% increased risk of hospitalization
A solution is a take home print out called the Patient Plan. With this form, situations like the ones listed above can be avoided. It is an instrumental resource that assists patients in understanding their diagnosis and medication/treatment. This can help them comprehend the significance of adhering to their treatment plan and reduce the likelihood of poorer health outcomes. A Patient Plan is preferable over Electronic Medical Records and Patient Portals for several reasons. Patients with a lower socioeconomic status may not have reliable access to internet or a computer, or even an email address to make an account with. Other patients have concerns about their privacy and do not support having their confidential information online. Patients who are not confident in their ability to use a computer or navigate the internet may be more reluctant to use a Patient Portal. A Patient Plan caters to all these types of patients by allowing them to be in charge of their information with a physical form. Creating an open environment and providing a Patient Plan are the ideal combination to promote personal health knowledge around the nation.

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References


Appendix 1 – The Patient Plan

PATIENT PLAN
Name: Lisa Smith
Date of Visit: 08/07/2016 2:10 PM
Visit Type: Office Visit
Phone Number: (732) 555 – 1234

Primary Care Provider: Jane Doe, MD

Reason(s) for visit:
Persistent flu-like symptoms

Assessment / Plan
- Lisa has been short of breath, weak, coughing, fatigued, and short of breath for 6 days.
  Took Tylenol Cold with no relief of symptoms.
- Ordered a chest X-ray, Gram stain and sputum culture tests on mucus and urine test.
  Tests showed bacterial pneumonia (9).
- Lisa was prescribed Levofloxacin 500 mg once a day for 10 days.

Medications

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<th>Dose</th>
<th>Sig Description</th>
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<tr>
<td>Levofloxacin</td>
<td>500mg</td>
<td>take 1 capsule by oral route once a day</td>
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Vital Signs

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<th>Pulse/min</th>
<th>Resp/min</th>
<th>Temp F</th>
<th>Height (total inches)</th>
<th>Weight (lbs.)</th>
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<td>16</td>
<td>101.4</td>
<td>68.25</td>
<td>143</td>
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</tbody>
</table>

Other Health Information

SMOKING STATUS: Never smoker.

ALLERGIES: No known allergies.

PROBLEM LIST: No past problems.

DEMOGRAPHICS:
Sex: Female
Race: African-American
Ethnicity: Not Hispanic or Latino
Preferred Language: English