

“What Did They Say?”

Clear Health Communication
Techniques to Improve Patient
Understanding





Let's review an example of doctor-patient communication during rounds

Goals

- Review the relationship between communication and health literacy
- Understand how provider communication impacts patient satisfaction
- List strategies for communicating with patients with limited health literacy

Communicating with our patients: What makes understanding difficult?

- **HEALTH LITERACY**

The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions

The Importance of Health Literacy

- Only 12% of the US population is “proficient” in health literacy
- Poor health literacy is associated with poor outcomes
 - Poor knowledge of their own medical conditions
 - Problems taking medications
 - ↑ hospitalizations and ED visits
 - ↑ mortality

-National Assessment of Adult Literacy, 2003

Red Flags for Low Health Literacy in Hospitalized Patients

- Non-adherence with medications
- Difficulty describing how to take home medications
- Difficulty describing current medical problems or medical history
- Seldom have questions




Patient Satisfaction

- The *Patient Experience*– HCAHPS (**H**ospital **C**onsumer **A**ssessment of **H**ealthcare **P**roviders and **S**ystems)
- Common metrics, national standards, publicly reported
- Performance scores contribute to a hospital's reimbursement through the Value Based Purchasing (VBP) program with healthcare reform
- Required metric toward the goal of Magnet® designation



The HCAHPS question of interest:

- “During this hospital stay, how often did doctors explain things in a way you could understand?”
 - **Top-box scores are the only ones that “count”!**
 - Top-box corresponds to “Always” on a 4 item scale (Never, Sometimes, Usually, Always)
- What is your hospital/department/practice/individual score?

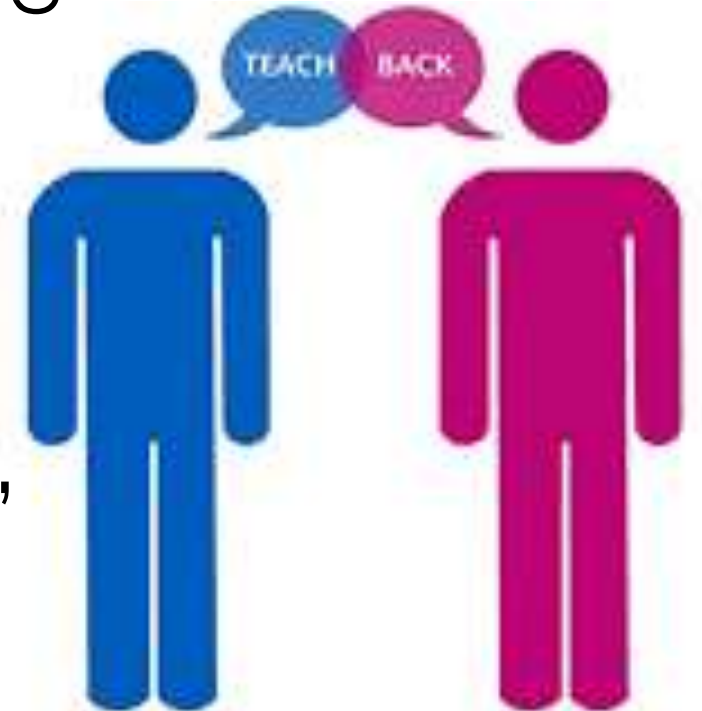
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- So, how can we use clear health communication techniques
 - to improve patient understanding
 - and patient satisfaction,
 - for all patients,
 - regardless of their health literacy?

The Health Literacy “Universal Precautions” Approach

- Structuring the delivery of care as if everyone may have limited health literacy
 - You cannot tell health literacy by looking
 - Higher reading literacy skills \neq understanding
 - Anxiety can reduce ability to manage health information
 - Everyone benefits from clear communication

Key Strategies to Promote Effective Communication

- Speak in plain, non-medical language
 - Minimize jargon!
- Teach-back
- Limit to 1-3 key messages
- Ask *“What questions do you have?”*



Minimize Jargon

- Target a 4th to 6th grade level

INSTEAD OF:	SAY:
Intern/Resident	Doctor
Hypertension	High Blood Pressure
Benign	Not Cancer
Oral or PO	By Mouth
PRN	When You Need It
Your Test Was Negative	You Do Not Have HIV
Avoid Dairy Products	Avoid Eating Milk, Cheese, Yogurt
Take Twice a Day	Take 1 pill in the morning & 1 pill at night

Confirm Understanding Using “Teach-Back”

- Instead of “Does this make sense?” or “Ok?” ask the patient to repeat back the information they were given in their own words
 - *“Can you tell me in your own words, why we are going to get a CT scan of your abdomen today?”*
 - *“Can you explain to me how you will be taking your new medication once you go home?”*

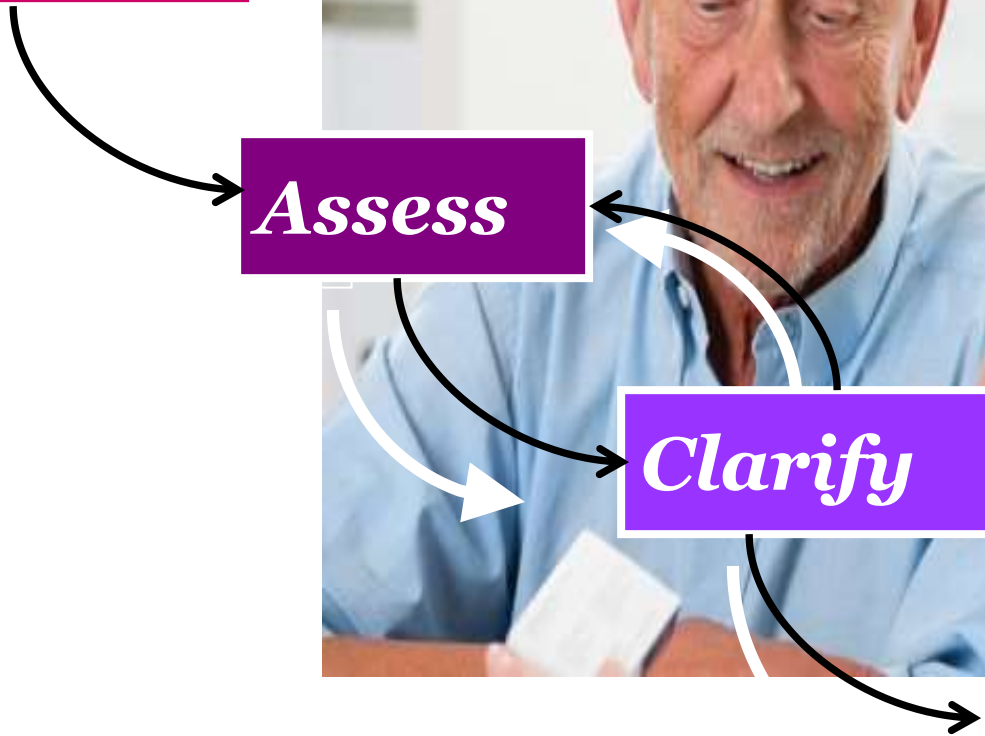
Teach-back

Explain

Assess

Clarify

Understanding



Focus On 1 – 3 Key Messages:

- Limit amount of important information that you give to the patient at any given time; example:
 1. *“We are concerned that your belly is swollen.”*
 2. *“To find out the cause, you will have an ultrasound of your belly today.”*
 3. *“You can’t eat before that, but we will get you lunch as soon as you return.”*
- More than 3 key messages shown to be too much to comprehend
- If additional information needs to be discussed
 - Use frequent teach-back
 - Make a plan to come back to talk with the patient again later

Ask for Questions the Right Way

- Encouraging questions enhances communication and patient understanding
- We often ask “Do you have any questions?” or “OK?”
 - Some patients worry that they will seem “stupid” if they have questions or indicate that they don’t understand
- Instead, ask **“What questions do you have?”**
 - This normalizes or “expects” that patients should have questions



To demonstrate these techniques, let's review other examples of doctor-patient communication during bedside rounds

Summary

- Poor health literacy is common and is associated with poor health outcomes
- How we communicate with our patients is important for:
 - Patient satisfaction ratings, hospital recognition, reimbursement
 - Most importantly for the health and satisfaction of our patients

Take Home Points:

- **Avoid Medical Jargon**
- **Use Teach-back**
- **Focus on 1-3 key messages**
- Elicit questions with
“What Questions Do You Have?”




What questions do **YOU** have?

Question for Audience Members

- What is one technique discussed today that you will commit to using the next time you communicate with patients?

Acknowledgments

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Supplementary Material

- >100 senior internal medicine residents at UPMC participated in this curriculum in early July 2016
- In the next slides, we will share with you how we evaluated the curriculum's effectiveness and present to you results from our evaluation.

Evaluation

- Pre and post surveys were administered before and after this curriculum was given
 - We measured knowledge, confidence, attitudes towards clear health communication techniques and health literacy
- We conducted 300 direct observations of bedside rounds on general medicine services at UPMC using a communication skills checklist
 - We compared physician communication before and after participation in the curriculum
- We collected HCAHPS scores from medicine units staffed by participating doctors
 - We compared scores 3 months before the curriculum to 3 months after it
- We compared the change in communication specific HCAHPS scores from surgical floors (non-participants) to medical floors (participants) over same time periods

Physicians Attitudes, Confidence, Knowledge

Importance Items	Mean Pre	Mean Post	p-value
Translating medical info for patient care	4.6	4.8	0.0001
Translating medical info for patient satisfaction	4.5	4.8	<0.0001
Introducing yourself and team by name and role	4.1	4.6	<.0001
Asking "What questions do you have"	4.8	4.9	<0.001
Asking bedside nurse to add to presentation	4.4	4.6	<0.001
Confidence Item			
Ability to translate medical information	4.3	4.3	0.575
Knowledge Score			
Percentage Correct (out of 7)	71%	86%	<.0001

*N= 76 survey respondents, importance and confidence items reported on a 1-5 Likert-type scale where 5 is highest score.

Physician Communication Skills on Bedside Rounds

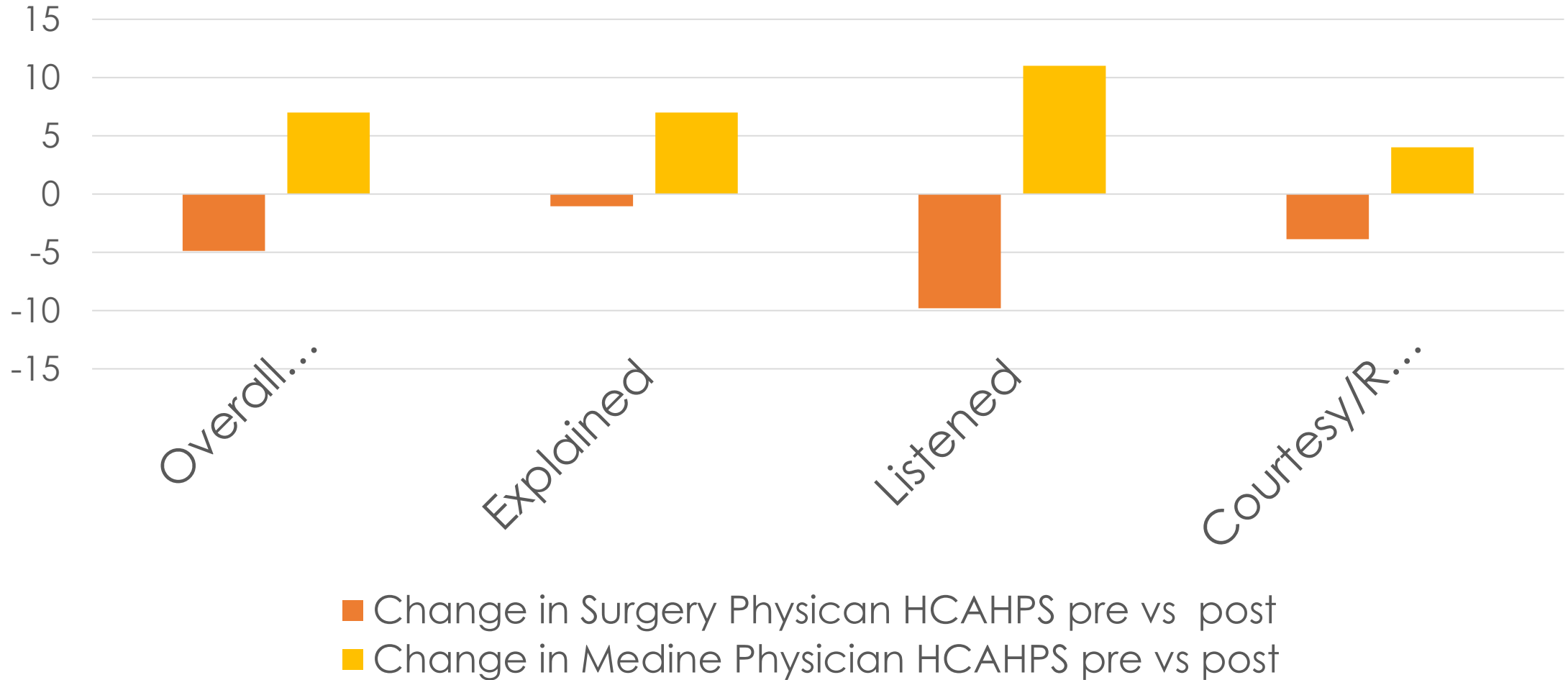
Communication Skill	Pre (% done)	Post (% done)	P-value
The presenter and his/her title was introduced to the patient	48.6	66.7	0.001
The medical information was conveyed to the patient in plain non medical language	88.8	96.0	0.018
The team used the phrase "what questions do you have?"	16.3	59.4	.0001
Nurse was asked for updates or contributed voluntarily	47.5	48.7	0.835

*Based on 300 direct observations using communication skills checklist

Patient Satisfaction with Physician Communication

HCAPHS Item	% "top-box" 3 months pre	% "top-box" 3 months post	Percent Improvement	P-value
Doctors explained things in a way you could understand	63	70	7%	0.15
Doctors listened carefully to you	66	77	11%	0.02
Doctors treated you with courtesy and respect	80	84	4%	0.25
Overall communication with doctor	70	77	7%	0.10

Change in Physician HCAHPS Scores



*% change in communication specific HCAHPS cores from surgical floors (did not participate in curriculum) compared to medical floors (did participate in curriculum) during same time periods

Results Summary

- Participation in this curriculum improved physicians' knowledge, importance, confidence, and skill with clear health communication techniques
- Communication-specific HCAHPS scores increased after the curriculum was implemented
- The improvement in scores can likely be attributed to the curriculum (rather than from other factors) since physicians' scores from surgical floors either stayed the same or worsened during the same time period

For more information

- About this curriculum, this presentation, or this study, please contact:

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