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The Talking Cure for Health Care

Improving the ways doctors communicate with their patients can lead to better care—and lower costs

It's something patients have grumbled about for a long time. Doctors are rude. Doctors don't listen. Doctors have no time. Doctors don't explain things in terms patients can understand.

It's a familiar litany. But here's what is new: The medical community is paying attention.

That lack of communication, after all, isn't just frustrating for patients. It can hurt the quality of care, drive up costs and increase the risk of lawsuits. And under new Medicare rules, providers won't get as much money if they rack up poor patient-satisfaction scores or too many preventable readmissions.

So, medical schools, health systems, malpractice insurers and hospitals are trying to help doctors improve their bedside manner. They're setting up education programs for everyone from medical students to seasoned pros who have spent years talking to patients. The efforts take a variety of innovative approaches, such as putting doctors through role-play sessions with actors to teach basics like always facing the patient, letting them speak uninterrupted for two minutes and using key words to show compassion and empathy. ("I am so sorry you are in pain.")

Enlarge Image



C.J. Burton

"We can't make things better unless you train physicians in these skills," says Robin DiMatteo, a researcher at the University of California, Riverside.

Making the Connection

While long thought of as a "soft" science, communication is increasingly understood to be at the root of many of health care's failures—and a leading culprit in rising costs.

Research shows that when doctors don't listen to patients, they miss important health cues and misdiagnose illness. Meanwhile, patients who don't understand what their doctors say fail to follow their regimens, leading to preventable hospitalizations, complications and poor outcomes. And a breakdown in physician-patient communication is cited in 40% or more of malpractice suits.

"If a doctor and patient have a strong relationship, even if something goes wrong, they are less likely to sue for it," says Robin Diamond, chief patient safety officer at Doctors Co., which provides malpractice insurance for 73,000 physicians.

Enlarge Image

Better Bedside Manner

Some examples of how doctors can improve the way they communicate with patients

DON'T SAY THIS Your appointment today is about your elevated blood pressure, so we can't talk about your diabetes. That will have to wait until another appointment.

SAY THIS I want to make sure I know what your blood pressure problems are as well as your diabetes, since one can affect the other.

DON'T SAY THIS Do you understand the treatment plan we just discussed?

SAY THIS Can you repeat back to me in your own words the treatment plan we just discussed?

DON'T SAY THIS I know how you feel about your cancer diagnosis. I've been an oncologist for 30 years.

SAY THIS I know this is a very difficult time for you and your family. Let me help you get through this by answering as many questions as you need to ask.

DON'T SAY THIS Please read and sign this informed-consent form for your surgery.

SAY THIS There are risks and complications that can happen with this surgery that you will read about in this material, so I want to make sure you have every opportunity to ask questions and understand your specific risks.

DON'T SAY THIS They are making me use this laptop with all my patients, and I can't find anything on it!

SAY THIS Our practice is using a new computer system, so I will be typing what you tell me as we talk. Please let me know if I fail to answer one of your questions.

DON'T SAY THIS I don't believe in alternative medicines. It's hocus pocus. You have to stay on your current prescriptions.

SAY THIS What questions do you have about alternative medicines? I will research your questions and get back to you within the week. In the meantime, will you agree to continue your current prescriptions?

Source: Doctors Co.

With companies facing ever higher health care costs, employers are now using real money, and sometimes penalties, to make sure their employees are taking responsibility of their own health. MarketWatch's Jim Jelter reports. (Photo: Getty Images)

The company holds communication seminars and one-on-one coaching, drawing lessons from claims—such as a surgeon who is sued for a failed knee surgery that results in amputation because he didn't give the obese patient a chance during the informed-consent process to ask questions and didn't fully explain the higher risk of being overweight.

At the same time, evidence has mounted that good communication helps patients stick to recommended treatments and manage chronic diseases. It also improves outcomes in the management of diabetes, hypertension and cancer.

According to a 2009 review of more than 100 studies published in the journal *Medical Care*, there is a 19% higher risk of nonadherence among patients whose doctors communicate poorly than among those whose doctors communicate well. When doctors get training in communication skills, the odds of patient adherence are 12% higher than when they don't, according to the study, which was co-written by Dr. DiMatteo.

The Medicare Carrot


Providers recently got another spur to shape up. The federal Medicare program last year began withholding certain payments as part of an effort to get hospitals to improve the quality of care and trim costs. One way to make up the cuts and earn additional payments is to perform well on patient-satisfaction surveys known as HCAHPS, for Hospital Consumer Assessment of Healthcare Providers and Systems.

The surveys ask patients to rate how well doctors communicate, how responsive the hospital staff is and how clearly discharge information is explained, among other things.

Hospitals also face Medicare penalties if patients are readmitted within 30 days after discharge for conditions such as heart attack, heart failure and pneumonia.

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The Price of Poor Communication



BACK TO SCHOOL University of Missouri Health Care puts physicians through scenarios with actors to work on their communication skills.

■ **MALPRACTICE CLAIMS**
Communication problems were an underlying cause of patient injuries in these percentages of Doctors Co.'s closed malpractice claims from 2005 to 2010

21% Cardiology	21% Internal medicine	19% Emergency medicine
17% Otolaryngology	16% Obstetrics	13% Hospitalist

Source: Doctors Co.

■ **MISSED MESSAGES**
Patients often don't understand or retain what doctors say

- 18% to 45%** of patients are unable to recall major risks of treatment.
- 44%** of patients don't know the nature of their operation.
- 60% to 68%** of patients don't read or understand information in a consent form.
- 80%** of what doctors tell patients is forgotten as soon as they leave the office.
- 50%** of what is recalled by patients is incorrect.

Source: Patient Safety & Quality Healthcare

■ **THE VALUE OF TRAINING**
Training doctors to communicate well improves patient adherence to their regimens

There is a **19% higher risk** of nonadherence among patients whose physician communicates poorly than among patients whose physician communicates well.

Training physicians in communication skills **improves patient adherence by 12%**.

Sources: Medical Care; analysis by Texas State University and University of California, Riverside
Photo: University of Missouri Health Care

"If patients don't understand their discharge instructions, they are less likely to be compliant and more likely to be readmitted, so it is critically important that everyone uses effective communication tools and language," says Christina Martin, director of service coaching and patient experience at WellStar Health System, which has five hospitals and employs more than 550 physicians and advanced practitioners.

Bringing in Help

Four years ago, WellStar, based in Marietta, Ga., began using service coaches who work directly with doctors on such issues as avoiding words and phrases that have a negative impact, using more caring and helpful language and following up with dissatisfied patients.

Doctors are trained to ask permission to enter a room, introduce themselves and put patients at ease. And then they should be clear about how long an exam or procedure will take, when results will be back, what they are doing and why, what patients should expect and what the plan for the future is. Before leaving, they are expected to thank the patient and family and let them know it has been enjoyable to work with them.

WellStar tracks its patient-satisfaction scores closely and gives immediate feedback to teams if they drop. Service coaches may also observe doctors interacting with patients and follow up with tips for

improvement, while doctors who seem especially adept may be asked to mentor others. Satisfaction scores are also circulated internally, so medical teams can see how they are doing against their peers.

Dan Woods, WellStar senior vice president and president of its WellStar Kennestone Hospital, says HCAHPS surveys show the efforts are raising patient satisfaction. The number of patients reporting that physicians always communicated well jumped to 86.2% in January from 77.5% in November 2012.

Other health-care providers report similarly strong results from communication training.

Leslie Hall, interim dean of the University of Missouri School of Medicine, says that before the school instituted a new training program in 2010, its medical center was consistently in the lowest quarter of hospitals in the country in patient-satisfaction scores, but it has steadily improved. From June to December 2012, patients gave physicians an average score of 90.1% for communication, well above the national average of 79.6%, according to data from health-care research concern NRC Picker.

Since 2010, University of Missouri Health Care has put more than 1,000 physicians, from first-year residents to veteran doctors, through the training. Doctors take an online course that includes 17 videos illustrating different communication issues. Then, at the medical school's simulation center, groups of four or five physicians practice with actors known as "standardized patients" specific to their medical specialties. Among the scenarios: having a routine interaction in a clinic or hospital, delivering bad news, delivering a life-changing diagnosis or checking a patient's understanding of a plan of care.

After role-playing, there's a debriefing session with the physician's peers, the "patient" and facilitators to provide feedback about what went well and what the doctor could do better. The training includes guiding doctors in providing a "blameless apology"—empathizing with a patient without accepting responsibility for the experience ("I'm so sorry this happened to you")—and seeking a resolution to patient and family concerns.

A New Emphasis

Of course, teaching communication isn't a new concept. Most medical schools give some instruction in it as a matter of course. But that training tends to be in the first and second years, and it isn't emphasized as much as clinical skills later.

Emory University revamped its curriculum a few years ago, assigning students to small groups led by an adviser who makes sure communication topics are covered throughout the four years.

"To be a good doctor, you have to have the ability to listen to the patients and follow their leads," says Linda Bernstein, director of the education program. "By stressing these concepts from the beginning, we hope that it sets in and becomes part of their rote approach to patients."

As part of her training, third-year medical student Lindell Dewberry recently sat in an exam room with Mark, an actor portraying a middle-aged patient whose chief complaint was fatigue. She gently probed to find out why he wasn't sleeping, eliciting a confession that the child-sex-abuse scandal involving a former assistant football coach at Pennsylvania State University brought back painful memories of a

similar experience in his youth. After further discussion, she suggested follow-up with a counselor and a prescription for an antidepressant.

The feedback Ms. Dewberry received on her videotaped performance: good, empathetic approach, but she could improve by asking first if the patient was comfortable with the idea of seeing a therapist and taking medications before telling him that was what she recommended.

"That is something I definitely want to work on because I know patients can sometimes feel too intimidated to speak up," Ms. Dewberry says.

Lessons for Old Hands

Still, for more-senior physicians, training programs can be tough to swallow. Long taught to focus on clinical skills and prescribing treatment, they are being asked to defer more often to patient's viewpoints and to walk a line between showing empathy and saying something that could get the hospital into trouble in case of a lawsuit, such as, "It was the pharmacy's fault you got the wrong medication."

Jeffery Belden, a family physician and associate professor at the University of Missouri medical school who went through its communication training last year, says that after 25 years in practice, he was skeptical at first. Dealing with an actor posing as a patient was strange, he says, "but you just go with it and enter the drama."

He was surprised to find he learned some valuable lessons about explaining complex medical information, talking to patients about emotionally difficult issues and using simple phrases to convey concern. ("I'm using this hand gel for your safety" and "I'm pulling this curtain for your privacy.")

Health systems are turning to another model known as Four Habits, which teaches doctors how to create rapport with patients, elicit their views, demonstrate empathy and assess their ability to follow a treatment regimen.

Studies show even a brief training course using the model for doctors with low patient survey scores has the potential to improve patient-doctor interactions as reported by patients.

Now that patient satisfaction scores are influencing reimbursement, hospital administrators are "extremely interested" in communication training, says Richard Frankel, a developer of the model who is now a professor at the Indiana University School of Medicine and its affiliated Regenstrief Institute.

The Cleveland Clinic, which includes eight hospitals in Ohio along with its flagship campus, introduced a new communication course incorporating the Four Habits model in fall 2011.

Adrienne Boissy, director of the Center for Excellence in Healthcare Communication at Cleveland Clinic, says the emphasis on getting good communication grades can be frustrating, especially when dealing with difficult patients or conditions with no good treatments or cure.

"In a challenging communications scenario, how do I do my best when I know it is not going to end well but I am being judged with making sure patients are happy or satisfied?" Dr. Boissy says. For example, if

a physician declines to give a patient a painkiller refill because of concern about misuse, "what happens if that then reflects on my HCAHPS scores and then I need a service coach?"

The best goal, she says, is to convey to doctors that communication "doesn't mean you are going to hug and skip and run off into the sunset with the patient. Some conversations will not go well, but you will walk away with the feeling you did the best you could to maintain your professionalism and compassion despite challenges coming at you from multiple directions."

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