

**What is patient-centered communication?**

**Have you really addressed your patient's concerns?**

AUGUST 20, 2013

SETMA PROVIDER EDUCATION MEETING



# What is Patient-Centered Communication?

*FAMILY PRACTICE MANAGEMENT*

[www.aafp.org/fpm](http://www.aafp.org/fpm)

March 2008

Ronald M. Epstein, MD, Larry Mauksch, MEd,  
Jennifer Carroll, MD, MPH, and Carlos Roberto  
Jaén, MD, PhD

# What is Patient-Centered Communication?

- Despite our efforts between 30 percent and 80 percent of patients' expectations are not met in routine primary care visits.
- Often, important concerns remain unaddressed because the physician is not aware of the patient's worries.

# What is Patient-Centered Communication?

- Physicians often redirect patients at the beginning of the visit, giving patients less than 30 seconds to express their concerns.
- Later in the visit, physicians tend not to involve patients in decision making<sup>3</sup> and, in general, rarely express empathy.

# What is Patient-Centered Communication?

- Patients forget more than half of physicians' clinical recommendations, and differences in agendas and expectations often are not reconciled.
- Not surprisingly, adherence to treatment is poor.
- These problems are likely to persist even in the face of intensive practice redesign efforts unless communication between patients and physicians is addressed.

# What is Patient-Centered Communication?

- Patient-centered communication involves focusing on the patient's needs, values and wishes.
- It is associated with improved patient trust and satisfaction, more appropriate prescribing and more efficient practice.

# A physician-dominated medical encounter, with little opportunity for patient input

## Transcript

Doctor: So, what brings you in today?

Patient: My back has been bothering me.

Doctor: What kind of work do you do?

## Comment

Patient expresses a concern.

“Cut-off”: Physician does not inquire further about concern and changes the topic.

# A physician-dominated medical encounter, with little opportunity for patient input

## Transcript

Patient: Um, well, I was an administrative assistant as of the beginning of January, but I got laid off, so –

Doctor: So, recently laid off.

## Comment

Patient answers the question and expresses another concern.

Physician stays on topic but does not give patient the chance to elaborate. Physician offers no empathy in response to distressing event.



# A physician-dominated medical encounter, with little opportunity for patient input

## Transcript

Patient: Yes. Monosyllabic answer

## Comment

Monosyllabic answer suggests that the patient is in a passive mode.

# A physician-dominated medical encounter, with little opportunity for patient input

## Transcript

Doctor: OK. OK. And when was your last physical exam, like pelvic exam, breast exam and all that?

## Comment

Physician changes topic.

# A patient-centered medical encounter, without explicit agenda setting

## **Transcript**

Doctor: So, what brings you in today?

Patient: My back has been bothering me.

## **Comment**

Patient states a concern.

# A patient-centered medical encounter, without explicit agenda setting

## Transcript

Doctor: How so? Physician explores concern further.

Patient: When I bend over, it hurts, and I'm stiff in the morning.

Doctor: Do you remember when it started?

## Comment

Patient describes the concern in more detail.

Physician initiates further exploration.

# A patient-centered medical encounter, without explicit agenda setting

## **Transcript**

Patient: Yes. I was moving boxes in my house.

Doctor: What did it feel like when your hurt it?

Patient: It didn't really start hurting until the next day.

Doctor: Back pain is pretty annoying, isn't it?

Patient: It sure is.

## **Comment**

Patient gives more relevant information.

Physician initiates further exploration.

Physician offers validation (empathy).

Patient confirms that she felt understood.

# What is Patient-Centered Communication?

Two important elements of patient-centered communication:

1. drawing out a patient's true concerns and
2. identifying which ones to address first.

Physicians often assume that:

1. first concern a patient mentions is the most important one
2. that patients will spontaneously report all of their fears and concerns.

**Neither of these assumptions is true.** Think of the patients who wait until the end of the visit to report substernal chest pain.

# A patient-centered medical encounter, with explicit agenda setting

## Transcript

Doctor: So, what brings you in today?

Patient: My back has been bothering me.

Doctor: Sorry to hear that. Before we go further, though, I'd like to find out if there is something else bothering you.

## Comment

Patient states a concern.

Physician provides empathy and then defers further discussion pending other issues.

# A patient-centered medical encounter, with explicit agenda setting

## Transcript

Patient: Well, I was also wondering why I've been feeling so tired lately. I'm a bit down in the dumps.

Doctor: So, tiredness and feeling down. Is there something else?

Patient: No, not really.

## Comment

Patient states another concern.

Patient is done with her agenda.



# A patient-centered medical encounter, with explicit agenda setting

## Transcript

Doctor: So, which should we start with?

Patient: Well, perhaps the back pain, but I did want to make sure we have time for both.

Doctor: OK, fair enough. You said your back has been bothering you. How so?

## Comment

Physician invites patient to prioritize concerns.

Physician explores concern further.

# A patient-centered medical encounter, with explicit agenda setting

## Transcript

Patient: When I bend over it hurts, and I'm stiff in the morning.

Doctor: Do you remember when it started?

Patient: Yes. I was moving boxes in my house.

Doctor: What did it feel like when you hurt it?

## Comment

Patient describes the concern in more detail.

Physician initiates further exploration.

Patient gives more relevant information.

# A patient-centered medical encounter, with explicit agenda setting

## **Transcript**

**Patient:** It didn't really start hurting until the next day.

**Doctor:** Back pain is pretty annoying, isn't it?

**Patient:** It sure is.

## **Comment**

**Patient** gives more relevant information.

**Physician** offers validation (empathy).

**Patient** confirms that she felt understood.

# Patient-Centered Communication

**Patient-centered communication requires the primary care team to elicit all of a patient's concerns, respond with empathy and work with the patient to prioritize them.**

# Patient-Centered Communication

**Patients should be encouraged to ask questions, seek clarification and participate in decision making.**

**The Establishing Focus Protocol helps the physician quickly set an agenda for the visit, in collaboration with the patient.**

# Patient-Centered Communication

The physician will have an easier time addressing a patient's concerns during a visit if the patient has first identified his or her own concerns and feels free to ask questions, seek clarification, participate in decisions and be more involved in their care.

Practices can use written or online forms to accomplish this.

Patients can complete the form at home or in the waiting room prior to the office visit.

The form can simply ask patients to list their concerns or agenda items, or it could offer a list of common questions.

# Establishing Focus Protocol: Nine Steps

A key step in the protocol is identifying which issues are most important and should be addressed first.

Like any new skill, patient-centered communication takes practice.

While agenda setting is important, it should not get in the way of establishing rapport with patients and understanding their perspectives.

# Establishing Focus: Collaborative Agenda Setting

## Step 1: Orient the patient

“ I know we planned to talk about your blood pressure, but first I want to check if there are some other concerns you hoped to discuss.

“This way, we can make the best use of our time.”



# Establishing Focus: Collaborative Agenda Setting

## Step 2: Mindfulness cue

Remind yourself that you may not be able to address all problems and issues in one visit.

# Establishing Focus: Collaborative Agenda Setting

## Step 3: Make a list

“What concerns would you like me to know about today?”

Then: “Is there something else?” and “Something else?”

# Establishing Focus: Collaborative Agenda Setting

## Step 4:

When necessary, make space for the patient to tell his or her story before the entire list of concerns is elicited.

# Establishing Focus: Collaborative Agenda Setting

## **Step 5: Avoid premature diving into diagnostic questions**

**“Excuse me for a moment. I am getting a little ahead of myself. Before we talk further about your headaches, do you have other problems or concerns you wanted to discuss today?”**

# Establishing Focus: Collaborative Agenda Setting

## Step 6: Mindfulness cue

Ask yourself, “Do I feel able to address all the patient’s concerns today? Do I need to put some concerns off for a later visit?”

# Establishing Focus: Collaborative Agenda Setting

## Step 7: Confirm what is most important to the patient

“My impression is that talking about \_\_\_\_\_ is most important. Is that right?”

Or

“We may not be able to do a good job on all these concerns today. Which concerns are most important today?”

# Establishing Focus: Collaborative Agenda Setting

**Step 8: If needed, express your concerns about particular issues and negotiate how to best spend your time**

**“In addition to talking about your neck pain, I would like to discuss your blood pressure.”**

# Establishing Focus: Collaborative Agenda Setting

## Step 9: Seek confirmation and commitment

“OK, let’s start with your neck pain, and we can check in on blood pressure. If we cannot do a good job on the other items, then let’s arrange another visit.”



# Patient-Centered Communication

**Self-awareness is essential.**

**At the most fundamental level, physicians should be aware of their level of attentiveness and distractibility and any biases that favor exploring some illness manifestations more than others.**

# Patient-Centered Communication

**Self-awareness is essential.**

**At the most fundamental level, physicians should be aware of their level of attentiveness and distractibility and any biases that favor exploring some illness manifestations more than others.**

**We include two “mindfulness cues” – steps 2 and 6 – to help physicians reflect and determine what is feasible given the time allowed.**

# Patient-Centered Communication

**These interventions can change the overall climate of patient care toward one that is more respectful, comprehensive, effective and efficient.**

# Moving Forward

Although the principles of patient-centered communication may seem self-evident and are widely endorsed by physicians and patients, they are strikingly absent from primary care visits.

Current practice redesign initiatives should include physician training to elicit and prioritize patient agendas as well as patient interventions to help them identify their concerns, fears and expectations.

Prioritize those concerns and ask questions.

Ultimately, these interventions can change the overall climate of patient care toward one that is more respectful, comprehensive, effective and efficient.