# Communicating Health Information to Patients

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In evidence-based family practice, we place great emphasis on shared decision-making with the goal of helping patients make informed decisions about their care and subsequently to improve patient health outcomes. Appropriate decision-making in family practice is affected by information delivery and patient education and interpersonal clinician-patient communication. Effective communication is essential for improved health outcomes, adherence to treatment and patient satisfaction. Informed patients are more likely to participate actively in their care, make wiser decisions, come to a common understanding with their physicians, and adhere more fully to treatment. Communicating evidence can transform a physician-dominated relationship into one that is patient-centered relationship. Techniques to improve patient communication have been associated with greater satisfaction especially when patients are involved in the decision-making process. Research about medical evidence in a particular clinical encounter has shown equally important elements: a) expertise of the provider; b) medical evidence; and c) the patient's preferences, goals and concerns. These elements though separate, but when combined, results to a well-informed medical decision emphasizing the role of medical evidence in future communication and patient-engagement activities. Models of patient-centered communication are recommended.

**Key words**: Evidence-based family practice, Patient-centered communication

## Patient-centered Communication

Patient-centered care is anchored on the principles of respect for patient dignity, privacy and autonomy using the biopsychosocial approach to build a therapeutic alliance between the patient and the family physician. In evidence-based family practice, we place great emphasis on shared decision-making with the goal of helping patients make informed decisions about their care and subsequently to improve patient health outcomes. Appropriate decision-making in family practice is affected by information delivery and patient education and interpersonal clinician-patient communication. Effective communication is essential for improved health outcomes, adherence to treatment and patient satisfaction. Thus, communicating with patients is a very important competency of a family practitioner. Patient communication may be complex but can be made easy with evidence-based family practice to reach shared decision-making. By framing the content of the information with the current best-available scientific evidence, patient communication will be more efficient.[1]

Aside from patient-communication, a warm, friendly and empathic attitude are also crucial. In communicating to patients, it is important to accurately communicate the effectiveness of treatment as well as the side effects. When discussing prognosis, it is important to discuss realistic expectation.[2] Family physicians also need to be aware of sociocultural factors that can influence their relationships and their patients' decision-making processes. It may also help if communication is also done with family members, family presence or family support.

## Effectiveness of Patient-centered Communication

Informed patients are more likely to participate actively in their care, make wiser decisions, come to a common understanding with their physicians, and adhere more fully to treatment. Communicating evidence can transform a physician-dominated relationship into one that is patient-centered relationship. Patients have a right to understand their illness, prognosis, and treatment options, regardless of whether they choose to participate in decisions. Thus, communicating evidence to patients has practical, relational, and ethical goals. While communication frameworks like Catharsis-Education-Action and SPIKES (for breaking bad news) protocols may be applicable in communicating evidence, there is a paucity of studies to guide how physicians can most effectively share clinical evidence with patients facing decisions.[3]

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about interventions have been effective to improve uptake. Evidence supporting the use of communication skills in medical encounters show a positive association of physician communication behaviors with multiple outcomes of interest particularly patient satisfaction; recall, understanding and adherence to therapy. Furthermore, health outcomes have shown positive association with physiologic measures (blood pressure, blood glucose); health status (headache frequency, depression); and functional status (levels of distress with illness).[4] In vaccination for example, a systematic review revealed that an even mix of short (ten minutes or less) and longer sessions (15 minutes to several hours), improved parent knowledge, intention to vaccinate and actual vaccination status. This can be more effective if lack of awareness or understanding of vaccination is identified as a barrier.[5] Strengthening communication in the emergency room context is also an opportunity for improving parent comprehension and health outcomes for children. Assessing barriers and identifying relevant contextual factors and understanding important factors for improving patient communication practice.[6]

During the physician-patient communication process, an emphatic environment is also important. Empathic consultations improved pain, anxiety and satisfaction of patients. Psychological outcomes (mostly pain) and physical outcomes (including bronchial function/ length of hospital stay) showed improvement in one meta-analysis.[7]

**Patient-centered Communication Framework**

Research about medical evidence in a particular clinical encounter has shown equally important elements: a) expertise of the provider; b) medical evidence; and c) the patient's preferences, goals and concerns. These elements when combined, result to a well-informed medical decision emphasizing the role of medical evidence in future communication and patient-engagement activities.

Several studies found that patients wanted to be involved in decision-making but did not necessarily want to make autonomous treatment choices. Family physicians who understand their patients' treatment goals can establish rapport, increase patient understanding of treatment options, and help patients assume their desired role in the decision-making process. This can start with better information sharing and dialogue that follows the following strategies: 1) encouraging patients to write down their concerns; 2) addressing each concern specifically and briefly; 3) tailoring treatments to patients' goals and preferences; 4) explaining the treatment purpose, dosage, common side-effects, cost and inconveniences, 5) checking patients' understanding; 6) reinforcing patients and family's confidence and ability for home management; 6) anticipating problems in compliance with treatment plans; and 7) partnering with other personnel or community to reinforce patient education.[9]


**Figure 1**. Three aspects of an informed medical decision. (Alston, CL et al. 2012)

A systemic review showed that there are 5 communication tasks to address in framing and communicating clinical evidence. The steps and examples of what physicians can say per step are outlined in Table 1.[3] A detailed discussion on the various aspects of assessing the understanding of the patient according to his/her needs, values and preferences will be very important for shared decision making.

**Analytic Hierarchy Process**

An Analytic Hierarchy Process (AHP) is a framework that is used to define the options and summarize the information available, prioritize information needs, elicit preferences and values, and foster meaningful communication with patient and family.[10] The first step in AHP is to elicit patient expectation. This may include use of open-ended questions to elicit patient's concerns and preferences, reflecting back to the patient what the family physician heard. This approach intends to develop a positive physician-patient relationship; that disease management is a two-way negotiated process rather than an activity strictly in the physician's expertise. The next step is to match the patients' preferred levels of information. If the information presented continue to be supportive of patient preference, this might routinely optimize patient-physician encounters toward more positive outcomes.[11] The next step is presenting the information about benefits and risks in language the patient can understand, keeping risks in perspective without minimizing them, and making conscious efforts to minimize potential bias.[12]

Decision aids may also be helpful. They can be graphical presentation of the risk and benefits of treatment. Bar graphs help patients understand numbers and overcome emotional biases in medical decision-making. However, this has limited application when values and preferences are being considered in making the decision. Furthermore, it is important to openly discuss differences in values and preferences especially when the decision priorities of doctors and patients differ. Decision aids have been tested in several trials. A systematic review of these trials showed the Decision aids to increase the proportion of improved knowledge and making an informed decision.[13]

Once the patient made the choice based on values and preference, supporting the patient's choice among multiple options is very important. We also discuss how decision aids might be more widely applicable through routinely acknowledging the preference sensitivity of decisions and supplementing these tools with a discussion of uncertainty.[14] Special attention must be given to communicating prognostic information especially to patients with terminal illness.

**Table 1**. Steps for discussing evidence with patients and examples of what physicians might say. (Epstein, RM, et al. 2004)

| Steps for Discussing Evidence with Patients | Sample Physician Statements |
|---|---|
| Step 1. Understand the Patient's Experience and Expectations<br>-both doctor and patient understand each other, i.e. scope and importance of the issue<br>-identify the patient's needs, fears, expectations and context where they are coming from<br>-invite family members to participate when necessary | "I just wanted to ensure that we have covered all the important issues for your care"<br>"what have you known from anyone with the same diagnosis?"<br>"would you like to invite your partner in to discuss this together?" |
| Step 2. Build Partnerships<br>-build trust, demonstrate empathy, genuineness and unconditional positive regard toward patient<br>-acknowledge complexity or difficulty of issue, express mutual understanding<br>-facilitate transfer of important. Information by involving patient/family and fostering partnership | "you might feel uneasy, as this can be a difficult decision. I understand your concerns and questions. May I help you understand the issues involved from my perspective, so we can arrive at a decision?" |
| Step 3. Provide Evidence Including Uncertainties<br>-probe patient's critical unasked questions and suggest discussing them including clinical uncertainties explained in lay terms<br>-balance limited information and available evidence<br>-determine how best to present evidence using general descriptions, numbers, graphics and decision aids or analogies | "even though the evidence is divided on this issue, we can still make a reasonable decision"<br>"while we used to treat ear infections with antibiotic, research shows that in cases of less than 2 days of pain, antibiotic is not necessary and may even cause more problems. Six out of 10 ear infections resolve spontaneously within 24 hours" |
| Step 4: Present Recommendations<br>-recommendations should come after clinician has integrated clinical evidence with patient's values<br>-present options to patient objectively | "I advise to hold off the antibiotics for now, but you can call me if it does not get better, then we can reassess and reconsider"<br>"I would suggest a medication to help strengthen your bones but might worsen your heartburn if not careful. I think that (…) would be the best course of action" |
| Step 5. Check for Understanding and Agreement<br>-check if patient understood the evidence presented and proceed to recommendations and planning of care.<br>-ask patient to summarize his/her understanding and rational for the decision made<br>-leave the door open for future discussions to address responding to changing patient needs | "could you share with me how you understand the treatment choices presented to you for your disease/condition?"<br>"does this make sense to you?"<br>"how do you see things differently?" |

Studies showed prognostic disclosure does not adversely affect physician-patient relationship. Patient satisfaction is in fact associated with patients' prognostic awareness. Affective communication seemingly reduced patients' physiological arousal and improved perceived physician's support. If preferred by patients, physicians could disclose prognosis using sensible strategies tailored to individual patients.[15]

**Training for Patient-centered Communication**

Patient-centered communication is a key component of medical care. Therefore, adequate education in and assessment of patient-centered communication skills are necessary. The effectiveness of communication skills for physicians on hypertension outcomes was studied in a randomized controlled trial comparing outcomes from physicians who received educational training versus those who received routine care. Physicians in the intervention group received a two full-day educational training over 3 sessions of Focus Group Discussion (on focusing on primary care and communication needs, developing focused questions to solve problems and identifying the targets for intervention), 2 workshops (on spoken communication and written communication; and on collaborative skill and primary care support) and a post-test. After the physician communication training, there was a significant improvement in hypertension outcomes and health literacy skills, self-efficacy and medication adherence among the patients being managed by the physicians receiving training on communication compared to those who received routine care. It may have been that sufficient training of physicians changed to impact counseling, health literacy, self-efficacy and adherence leading to better patient outcomes.[16]

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