Optimizing Primary Care Provider-Patient Communication to Increase Patient Adherence

2011 Alliance for CME Annual Conference
Breakout Session F33

Friday, January 28, 2010
San Francisco, California
Presenters and Disclosures

- **Mila Kostic**  
  Director of Continuing Medical Education, University of Pennsylvania School of Medicine  
  Does not have an interest in selling anything to CME professionals

- **Linda Raichle, PhD, FACME**  
  President of Spectrum Medical Education  
  Does have an interest in selling a program or service to CME professionals

- **Sean Hayes, PsyD**  
  Vice President of AXDEV Group  
  Does have an interest in selling a program or service to CME professionals
Disclosures

- Presenters have disclosed that they have no relevant financial relationships.
- The educational initiative “Talking Diabetes with Your Patients” that will be discussed today has been supported by educational grants from sanofi-aventis US and Pfizer Inc.
Assessment of the Participants

Who is in the room?
Objectives of the Workshop

- Discuss use of standardized-patients as a non-traditional CME approach designed to enhance competencies in patient-centered communication skills, in order to collaboratively engage patients in the development of strategies to overcome barriers to adherence.

- Explore creative ways to enhance and facilitate health providers communication competencies to increase adherence and improve patient outcomes.

- Encourage participant discussion and knowledge-sharing of relevant experiences.
Agenda for Today’s Session

- Background evidence on adherence, communication competencies and standardized patients (SPs)
- Program overview “Talking Diabetes with your Patients”
- Presentation of top-line outcomes
- Group Exercise & Discussion
- Conclusion
IOM Aims: Patient-centered Care

The Institute of Medicine’s 2001 report, *Crossing the Quality Chasm: A New Health System for the 21st Century*, outlines six “Aims for Improvement” for health care:

**Patient-Centered** — Honor the individual and respect choice. Each patient’s culture, social context and specific needs deserve respect, and the patient should play an active role in making decisions about her own care.
Competency Based CME Beyond Knowledge Acquisition

ABMS/ACGME Core Competences:

• **Patient Care**- Provide care that is compassionate, appropriate and effective treatment for health problems and to promote health

• **Interpersonal and Communication Skills**- Demonstrate skills that result in effective information exchange and teaming with patients, their families and professional associates

• **Professionalism**- Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to diverse patient populations.
Can Provider Communication Impact Patient Adherence?

Effective provider-patient communication is linked to improved patient satisfaction, health status, recall of information, and adherence\textsuperscript{1-4}

- **Poor communication** results in 19% higher risk of non-adherence
- **Good communication** results in 2.16-fold greater patient adherence
- **Communication training** results in 1.62-fold greater patient adherence

Can the Provider-Patient Interaction Impact Diabetes Outcomes?

- A systematic review of 8 RCTs that evaluated how changes in the provider-patient interaction impacted patient self-care and diabetes outcomes showed:
  - Interventions on provider-patient interaction can have a positive effect on outcomes, including lowering A1C and improving self-care behaviors
  - Most effective interventions directly encouraged patient participation in diabetes management
  - Supports the need to move from the traditional model to more patient-centered model
    - Interventions targeting enhanced patient participation can be facilitated by use of a multidisciplinary team-based approach

Adherence: Understanding the Patient’s Perspective

Small focus groups used to identify explanatory models for patient adherence in Type 2 diabetes

- **Knowledge of the illness**
  - Poor knowledge

- **Information given by the physician**
  - Incomplete and conflicting info
  - Uncertainty about physician’s compliance with diabetes management guidelines

- **Doctor/patient relationship**
  - Little attention to patient’s health beliefs
  - Little attention to patient’s opinion on medicine
  - Paternalism
  - Doctor’s fluctuating tolerance
  - Follow-up inconsistency
  - Patient’s fears about communicating adherence

- **Body awareness**
  - Self-regulation
  - Keeping in touch with one’s own body
  - Observation of body’s functioning

- **Adherence to treatment**
  - Imperceptible evolution of the disease
  - Imperceptible effects of treatment
  - Little encouragement
  - Complexity
  - Insulin: a major crisis
  - Adherence equals losing or gaining control of one’s own body

Common Communication Guidelines to Facilitate Provider-Patient Relationship

- Setting a Shared Agenda
- Building Rapport
- Telling the Diagnosis Meaningfully
- Behavioral Change Counseling
- Negotiating and Implementing a Treatment Plan


Communication Strategies to Promote Self-Management

Diabetes requires lifelong treatment – the patient must be an active participant and emphasis in care must be placed on optimizing patient self-management skills

Collaborative Care: Promoting Self-Management

<table>
<thead>
<tr>
<th></th>
<th>Traditional</th>
<th>Collaborative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interactions</td>
<td>Based on the caregiver’s agenda</td>
<td>Based on a shared agenda</td>
</tr>
<tr>
<td>Behavior change</td>
<td>Comes from knowledge</td>
<td>Comes from self-efficacy plus knowledge</td>
</tr>
<tr>
<td>Goal</td>
<td>Compliance</td>
<td>Self-efficacy</td>
</tr>
<tr>
<td>Decisions</td>
<td>Made by the caregiver</td>
<td>Made by the patient and caregiver in partnership</td>
</tr>
</tbody>
</table>

Effectiveness of SPs in Self-Efficacy Training

- Randomized controlled trial to test the effectiveness of SPs (4 office visits) to train resident physicians to use self-efficacy-enhancing interviewing techniques (SEE IT)
- Residents who used SPs demonstrated significantly greater use of SEE IT than controls (*P<.001)

**Conclusion:** The use of SPs can be an effective means to train providers to incorporate self-efficacy-enhancing interviewing techniques in the clinical setting

*DO U SEE IT, Doctor's observable use of self-efficacy-enhancing interviewing techniques
Benefits of Using SPs

- Available, mobile
- Focus on learner’s performance
- Anxiety reduction
- Standardized – consistent and accurate
  - Valid:
    - ability of the SP to be perceived to behave like “real patients”
  - Reliable:
    - Consistent behavior by the same SP when playing the same role repeatedly (Intra-SP)
    - Different SPs playing the same role consistently (Inter-SP)
- Educated feedback from patient perspective

CME Initiative Overview: Talking Diabetes with Your Patients

- Goal: Improving communication skills of PC providers is the key to unlocking obstacles to diabetes care and pt. adherence
- Complex collaborative project
- National initiative: 9 live workshops for PC teams using standardized patients to role-model typical clinical scenarios
  - Patients who are reluctant, frightened, depressed or resistant to care
  - Culturally diverse minorities
  - Adolescent patients
  - Patients with varying socioeconomic barriers
- Web-based enduring material interactive curriculum to extend the audience reach and reinforce learning
- Extensive Tools and Resources to use in practice
Workshop Format and Overview

- Pre-Learner Self Assessment Survey
- Providing Evidence and Building Knowledge Base
  - Adherence Challenges in T2D (Expert lecture 15 minutes)
  - Impact of Communication on Adherence: Strategies for Building a Partnership with your Patients (Expert lecture 15 minutes)
- Building Competency to Improve Patient Outcomes
  - Case 1 (Part 1 and 2; 80 minutes)
  - Case 2 (Part 1 and 2; 80 minutes)
- Reinforcing Key Strategies: Putting it All Together
  - Lunch and Discussion (60 minutes)
    - Faculty and Participants Discussion: Highlights and Feedback
    - Practice-based Communication Strategies: Resources, Tools, and Take-Away Pearls
- Post-Assessment and Evaluation
Targeting Improvement in Self-Care: Communication Strategies

- Set the stage for the agenda by listening to the patient
  - Ask the patient what his/her major concern is at the appointment

- Information overload does not work
  - Work on one or two goals at a time
    - Avoid “To Do” laundry lists
  - Allow patient to decide how much he/she can handle
  - Be realistic and prioritize

- Validate the challenges the patient is feeling

- Document plan of action and follow up on specific goals at each visit
  - Always highlight any positive accomplishment before adding additional tasks
The Team Approach: Effectively Addressing Patients’ Needs

- **Importance of a multidisciplinary approach to care**
  - Increased efficiency for primary care provider
  - Targets patient’s needs in multiple dimensions

- **Roles of Team Members**
  - Certified diabetes educator, RN, LPN, PA, CRNP, Medical Assistant
    - Blood glucose log review
    - Medication review
    - Interval appointments to evaluate progress
  - Nutritionist
    - Self-management education/reinforcement
  - Diabetes Education Program
    - Self management
    - Disease overview
  - Social Worker
    - Financial resources
    - Community resources

- Documentation by **all staff** at **all encounters** is critical
Webcast
Available Spring 2011

Modules Available

Knowledge Module

Practice Module:
Case 1 - Davida Monroe
Case 2 - Ramona Martinez

Resources
- Self-scoring Algorithm for the Adherence Estimator
- Adherence Risk Assessment & Intervention Algorithm
- My Diabetes Plan
- PRIME MD Patient Questionnaire
- PHQ-9
- Diabetes Distress Screening Scale
- Suggested approach for interviewing a patient with diabetes
- Assessing Readiness and Confidence to Making a Behavioral Change in your Patients with Type 1 Diabetes
- Diabetes Web-based resources
## Program Evaluation: Approach

<table>
<thead>
<tr>
<th>QUANTITATIVE</th>
<th>QUALITATIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(Pre &amp; Post)</strong></td>
<td>(IRB approved, independently designed, continuous)</td>
</tr>
<tr>
<td>• Pre- &amp; immediate-post Learner Self-Assessment</td>
<td>• Pre- &amp; 3-months post telephone interviews</td>
</tr>
<tr>
<td>• Workshop evaluation</td>
<td>• Pre- &amp; 3-months post questionnaire</td>
</tr>
<tr>
<td>• Web EM Curriculum</td>
<td>• Participants:</td>
</tr>
<tr>
<td></td>
<td>- Primary Care Providers</td>
</tr>
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## Participant Demographics Learner Self Assessment

<table>
<thead>
<tr>
<th>Number of respondents</th>
<th>n=143</th>
<th>Pre</th>
<th>n=115</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical profession</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physicians</td>
<td>73%</td>
<td></td>
<td>Physicians Assistants</td>
<td>2%</td>
</tr>
<tr>
<td>Physicians Assistants</td>
<td>2%</td>
<td></td>
<td>Nurse Practitioners</td>
<td>6%</td>
</tr>
<tr>
<td>Registered Nurses</td>
<td>11%</td>
<td></td>
<td>Other</td>
<td>8%</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Years in practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-5 years</td>
<td>14%</td>
<td></td>
<td>6-10 years</td>
<td>6%</td>
</tr>
<tr>
<td>6-10 years</td>
<td>6%</td>
<td></td>
<td>11-15 years</td>
<td>13%</td>
</tr>
<tr>
<td>11-15 years</td>
<td></td>
<td></td>
<td>16+ years</td>
<td>67%</td>
</tr>
<tr>
<td>16+ years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Principle practice setting</td>
<td>56%</td>
<td>Solo/Group Practice</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td>Government Hospitals</td>
<td>6%</td>
<td></td>
<td>Community Hospital/Clinic</td>
<td>22%</td>
</tr>
<tr>
<td>Academic Medical Center</td>
<td>4%</td>
<td></td>
<td>Other</td>
<td>11%</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Data from 4/9 sessions completed as of January ‘11.
Practice in T2D

Percentage of patients with a self-management treatment plan

Estimated % of patients with a self-management treatment plan

- 0-30%: 53%
- 31-60%: 22%
- 61-85%: 15%
- 86-100%: 9%
# Program Evaluation

## About the CME Activity

<table>
<thead>
<tr>
<th>Description</th>
<th>% of participants that strongly or completely agree (Likert-type scale)</th>
</tr>
</thead>
<tbody>
<tr>
<td>This CME activity was effective in presenting information about adherence to self-management treatment plans for patients with type 2 diabetes</td>
<td>82%</td>
</tr>
<tr>
<td>This CME activity provided me with supporting materials or tools to improve my skills in dealing with adherence in my patients with type 2 diabetes</td>
<td>90%</td>
</tr>
<tr>
<td>This CME activity included opportunities to solve cases relevant to my work related to dealing with adherence to self-management treatment plans in my patients with type 2 diabetes</td>
<td>85%</td>
</tr>
<tr>
<td>The educational format and the use of standardized patients in this CME, will help me address adherence with my patients with type 2 diabetes</td>
<td>88%</td>
</tr>
</tbody>
</table>
## Program Evaluation

<table>
<thead>
<tr>
<th>Were the Learning Objectives Met?</th>
<th>% of participants that agree to a great degree or completely that LO was met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate improved knowledge of the impact of patient adherence on both health and economic outcomes</td>
<td>86%</td>
</tr>
<tr>
<td>Identify patients with diabetes who fail to practice effective self-management behaviors and choose alternative strategies to reach desired behavioral change</td>
<td>89%</td>
</tr>
<tr>
<td>Use clinical support tools to encourage productive patient-provider communication</td>
<td>85%</td>
</tr>
<tr>
<td>Employ patient-centered communication skills and competencies to promote self-management behavior and treatment adherence</td>
<td>91%</td>
</tr>
<tr>
<td>Document improvement in patient's self-management behavior and treatment adherence</td>
<td>84%</td>
</tr>
</tbody>
</table>
Program Evaluation

Relevance of activity to practice needs

- Not at all: 4%
- Somewhat: 2%
- Average: 7%
- To a great degree: 47%
- Completely: 40%
Impact on HCPs Knowledge of Clinical Tools

![Bar chart showing matched sample results for different cities.](chart.png)

<table>
<thead>
<tr>
<th>Matched sample n=</th>
<th>Philadelphia</th>
<th>Indiana</th>
<th>New Mexico</th>
<th>Baltimore</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12</td>
<td>32</td>
<td>8</td>
<td>26</td>
</tr>
<tr>
<td>Pre/post mean comparison p=</td>
<td>0.103</td>
<td>0.002*</td>
<td>0.016*</td>
<td>0.001*</td>
</tr>
</tbody>
</table>

* Significant difference
Confidence in Addressing Patient’s Beliefs and Values

Matched sample $n=\begin{align*}
&12 \\
&32 \\
&8 \\
&26
\end{align*}$

Pre/post mean comparison $p=\begin{align*}
&0.054 \\
&0.001^* \\
&0.034^* \\
&0.001^*
\end{align*}$

* Significant difference
Change in Physicians’ Perceptions of Barriers to Adherence

**Matched sample**

<table>
<thead>
<tr>
<th>City</th>
<th>Pre Mean</th>
<th>Post Mean</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philadelphia</td>
<td>3.40</td>
<td>4.00</td>
<td>21</td>
</tr>
<tr>
<td>Indiana</td>
<td>3.48</td>
<td>3.33</td>
<td>43</td>
</tr>
<tr>
<td>New Mexico</td>
<td>3.50</td>
<td>4.14</td>
<td>25</td>
</tr>
<tr>
<td>Baltimore</td>
<td>3.48</td>
<td>3.63</td>
<td>54</td>
</tr>
</tbody>
</table>

**Pre/post mean comparison p**

<table>
<thead>
<tr>
<th>City</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philadelphia</td>
<td>0.301</td>
</tr>
<tr>
<td>Indiana</td>
<td>0.315</td>
</tr>
<tr>
<td>New Mexico</td>
<td>0.052</td>
</tr>
<tr>
<td>Baltimore</td>
<td>0.947</td>
</tr>
</tbody>
</table>
Skills to Address & Incorporate Patient’s Cultural Background in Management Plan

Matched sample n=

<table>
<thead>
<tr>
<th>Location</th>
<th>n=</th>
<th>Pre/post mean comparison p=</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philadelphia</td>
<td>21</td>
<td>0.013*</td>
</tr>
<tr>
<td>Indiana</td>
<td>43</td>
<td>0.001*</td>
</tr>
<tr>
<td>New Mexico</td>
<td>25</td>
<td>0.020*</td>
</tr>
<tr>
<td>Baltimore</td>
<td>54</td>
<td>0.001*</td>
</tr>
</tbody>
</table>

* Significant difference
Qualitative Results (3 mo. Post)

- Triggered changes in HCP practices
  
  - Communication
    
    Talking with them more to see what kind of barriers they’re dealing with and taking up even extra minutes to, you know see what kind of problems they’re having or why they’re not […] managing their Diabetes […]. Instead of just telling them do this, do this and not listening to what their concerns are.

  - Setting scope
    
    I’m starting to […] pick one specific thing to work on as opposed to trying to have them address every single issue that needs to be worked on. I’ve been trying to have them set a specific goal between this appointment and the next appointment.
Qualitative Results (3 mo. Post)

- Triggered changes in HCP practices

  - Assessing Barriers to Adherence
    
    I ask now [...] who’s cooking in the family, how do you decide what, what gets cooked, is the patient receiving I guess resistance from family members to changing diet plans.

  - Concordance
    
    The approach to try and make [patients] more of a team player and not be so dictatorial about it.
Standardized Patients - Video
Standardized Patients - Video

After viewing this patient-physician encounter, discuss:

- How do you think the encounter went in terms of:
  - Building the doctor-patient relationship
  - Opening the discussion
  - Gathering information
  - Understanding the patient’s perspective
  - Sharing information
  - Reaching agreement on problems and plans
  - Providing closure
- Did the physician achieve his and the patient’s goals?
- What could the physician have done/said differently to engage the patient in their own self-management?
Standardized Patients - Video
Group Discussion

Using the Worksheet, arrange in small groups and discuss the following:

- How can education improve physician communication skills and competencies?
  - Do you have any examples?
  - What are you doing to achieve this competence with your HCPs?
- While SPs might not be available in all settings, explore other creative ways to enhance HCPs’ communication competencies to increase adherence and improve patient outcomes?
- Plan to discuss your ideas with the larger group
Lessons Learned

- Scientific approach - looking for best evidence
  - Select your faculty carefully
- Communication topic must be linked to therapeutic area to attract physician learners
  - Find the learners in their existing learning environments (AAFP, AOA)
  - Reward: learned skills are effective in all areas of medical practice
- Very humbling experience for many learners
  - Skeptics reported positive impact from training
- Takes a team approach to get it right
  - Physicians alone can not do it
  - Your typical CME office cannot do it
- Funding can be found for teaching communication as a competence
- Rigorous independent evaluation of outcomes
  - Mixed methods, continuous assessment, IRB-approved study
References

- American Academy on Communication in Healthcare. AACH Relationship-Centered Healthcare. www.AACHonline.org

- Smith, RC. Patient Centered Interviewing: An Evidence-Based Method. 2nd ed. Philadelphia: Lippincott Williams & Wilkins, 2002


- DO U SEE IT, Doctor’s observable use of self-efficacy-enhancing interviewing techniques


Contact Us

- To learn more about live workshops visit us at
  www.talkingdiabetescme.com

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