

PARTNERING WITH HEALTH CARE PROVIDES FOR BETTER OUTCOMES

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WHAT IS PARTNERING?

- To bring or work together in an activity of common interest.
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LEARNING OBJECTIVES

- ❑ Identify those issues that make consumers of health care unhappy
 - ❑ Identify those issues that make health care practitioners unhappy
 - ❑ Look at the overlap between those issues and the barriers that are created
 - ❑ Look at ways to solve some of those issues
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WHAT DO YOU LIKE
LEAST/BEST WHEN GOING TO
THE DOCTOR?

DID WE INCLUDE...

- Running late for appointments/rushed
 - Doesn't listen
 - Doesn't communicate well
 - Unpleasant front desk office personnel
 - ...
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BARRIERS TO GOOD HEALTH CARE

Communication

- Impact of emotion (e.g. denial or fear)
- Understanding of disease and process

Time

- Limited visit times
- Competition for practitioner time

Non-adherence to disease management and treatment regimens

COMMUNICATION DIFFICULTIES

- ❑ Impact of emotion causing people to offer clues, but not be able to provide clear descriptions
 - ❑ Language and knowledge about disease processes
 - ❑ 70% of diagnosis comes from historical information
 - ❑ Timeliness of inter-professional communication (phone tag)
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**GOOD COMMUNICATION LEADS TO
BETTER MEDICAL CARE**

BARRIERS TO GOOD HEALTH CARE

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- Understanding of disease and process

Time

- Limited visit times
- Competition for practitioner time

Non-adherence to disease management and treatment regimens

OFFICE PRACTICES: COMPETING CONSTRAINTS FOR TIME

- Hospital rounds (+documentation)
 - Office hours
 - Emergencies
 - Walk-ins
 - Late arrivals
 - Phone calls
 - Email
 - Meetings
 - Follow and keep up with regulations
 - Keep up with medical advances and best practices
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BARRIERS TO GOOD HEALTH CARE

□ Communication

- Impact of emotion
- Understanding of disease and process

□ Time

- Limited visit times
- Competition for practitioner time

□ Non-adherence to disease management and treatment regimens

SOME FACTS ABOUT ADHERENCE TO MEDICATION REGIMENS

69% of prescriptions are partly taken or not taken at all

This results in:

- Loss of 125,000 lives

- Loss of 20 million work days

- Loss of \$1.5 billion in salaries

- 3.5 million hospital admissions

- \$15.2 billion spent on admissions

FACTORS INVOLVED IN NON-ADHERENCE

- ❑ Regimen complexity, dose frequency, and polypharmacy
 - ❑ Side effects
 - ❑ Denial or fear
 - ❑ Requires difficult lifestyle changes
 - ❑ Treatment for prevention without symptoms
 - ❑ Lack of understanding of disease process and goal for treatment
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WHAT DOCTORS LIKE LEAST ABOUT PATIENT BEHAVIOR

- ❑ Not adhering to treatment and disease management regimens
 - ❑ Lack of listening (coming with preconceived expectations)
 - ❑ Last minute concerns at the end of the visit (“oh by the way, Doc...”)
 - ❑ Breaking the rules or demanding special privileges
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**HOW DO PATIENT ISSUES MATCH
UP TO PRACTITIONER ISSUES?**

WHAT ARE PRACTITIONERS BEING TOLD ABOUT COMMUNICATION?

- ❑ Listen to symptoms
 - ❑ Explain about disease and treatment
 - Talk about what might be wrong
 - Teach about disease
 - Give an idea of what to expect
 - Describe tests and treatments
 - ❑ Encourage new behaviors
 - If practitioner mentions, then more likely to do it
 - ❑ Transmit information to other health care professionals (HIPAA)
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WHAT CAN CONSUMERS DO TO IMPROVE HEALTH CARE?

- Bring information to the practitioner
 - Observations and symptoms
 - Side effects
 - Learn about disease and medications
 - Ask questions
 - Can regimen be simplified?
 - Repeat instructions so that you know you have it right
 - Find outside support
 - Specific disease or lifestyle changes
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HOW TO CREATE A GOOD ENVIRONMENT FOR VISIT

- Use what you know about the person
 - What is the best time to come?
 - Do they need a less busy time?
 - Come prepared with observations and questions
 - Bring relevant, concise history
 - Prepare staff and individual
 - Role playing
 - Forms to capture information
 - Help everyone to be comfortable in the situation
 - Help the practitioner understand the person
 - Okay to remind about history (e.g. allergies)
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WHAT DO YOU NEED TO BRING TO A VISIT?

- Reason for the visit
 - Organized observations
 - List of current medications and doses
 - Interim history
 - Don't assume that the practitioner has all of the interim history
 - New allergies
 - Medication changes
 - Hospitalization information (especially if the practitioner was not the admitting one)
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SUMMARY

- ❑ Health care is a partnership requiring communication on both sides.
 - ❑ The best consumers of health care are those that know the most about their disease and its management.
 - ❑ Current information exchange in health care is imperfect.
 - ❑ There are information sources available to supplement the practitioner.
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