

Doctor-Patient Communication

Improving doctor-patient relations can lead to increased patient compliance.

IN SPITE OF THE MANY WELL-conceived and well-executed post-prescription compliance programs, overall adherence rates have remained unchanged, at 50 percent, for many years. Indeed, non-compliance rates are surprisingly high from one disease to the next.

In spite of all the progress made in the last few years in reducing stigma and simplifying drug cocktails, many HIV patients with access to medication, for example, still die, with only 54 percent complying with prescribed therapy, according to data from Wilson Health Information, a pharmacy-research organization based in New Hope, Pennsylvania.

Medication non-compliance is also prevalent among other medical conditions, including depression (50 percent), chronic bronchitis (46 percent), and cancer (38 percent).

The Disconnect

While a multitude of psychosocial factors drive noncompliance, miscommunication is one of the major issues: The National Council on Patient Information and Education reports that half of all patients forget verbal information communicated by their physicians, while almost two-thirds (60 percent) are unable to report precisely what they were advised to do—even one hour after leaving a doctor's office.

Even worse, only 35 percent of patients receive instructions from their physicians on how often to take medication. The critical moment during a scheduled visit when a doctor and

Igniting the therapeutic alliance early on can save money on efforts to bolster compliance and persistency in the future. Research supported by a Department of Health initiative investigating how patients can become partners in their medical treatment shows definitively that in order to fully benefit from their prescribed therapeutic regimens, patients must accept and understand their diagnoses, agree with the proposed treatment, and get their concerns addressed.

The goal of this kind of communication is to change patient behavior by building a compliance mindset during the encounter in the doctor's office. The encounter should involve an exchange

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10 Things a Patient Should Ask Before Leaving the Doctor's Office

1. What's my diagnosis?
2. How will this medication/therapy help me get better?
3. I don't feel bad. Why do I need to take this medication/follow your advice?
4. When should I start taking my medication?
5. How often should I take my medication?
6. What time should I take my medication?
7. How long is the course of my therapy?
8. Which symptoms should I expect?
9. Which symptoms are not normal, and when should I call you about them?
10. When is my next appointment?

of information that will ultimately lead to mutually satisfying decisions, develop a common understanding, and build trust. But, both doctors and patients must adhere to a set of responsibilities: Doctors are obliged to provide competent, patient-centered care with compassion and a willingness to engage with patients to achieve optimal long-term outcomes. Patients must be honest about their medical histories and other life circumstances, and take responsibility for raising their concerns during the DPE.

Given the obligations of each party and the anticipated

physician interact—the doctor-patient encounter (DPE)—is vital. Often, this time is not leveraged properly, and instead of leaving the doctor's office well informed, the patient leaves without enough comprehensible information to comply with the prescribed treatment. As a result of this unintentional miscommunication, patients often feel misunderstood, dissatisfied, or even disrespected.

improved outcomes, DPE programs should prepare patients to be partners in their own care. This can be accomplished by involving them in prescribing decisions and treatment options, encouraging them to take their medications, and teaching them the importance of refilling prescriptions and adhering to long-term treatment plans to achieve optimal outcomes.

This kind of enhanced communica-



Charlene Prounis is co-president of Flashpoint Medica. She can be reached at charlene.prounis@flashpointmedica.com

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tion is designed to overcome traditional roadblocks and ingrained behavioral patterns to prevent patients from opting out. They often include customized materials, such as targeted Q&As, patient instructions, or materials designed to enhance retention. Patients who leave physicians' offices with written information directly related to their needs and concerns can refer back after the visit to materials, which help them to understand their medical conditions and take necessary steps to treat them.

Improving Adherence

Nevertheless, patients can still decide to opt out of their treatment. Even if they show up for the visit, they may reject the idea that they need therapy. In fact, 47 percent of patients fail to comply with therapy because they are not convinced that they need it, according to data compiled by Wilson Health Information. Even if they agree that they need some intervention, they may nevertheless forget to fill their prescription. Or if they do fill their prescription, they may fail to take their medication as directed.

For example, in an article published in the *Journal of the American Medical Association* in December, 2002, Brian Haynes, MD, wrote that among patients who have been told to stop

smoking, lose weight, or eat healthier foods, less than 10 percent comply. Ironically, Haynes also found that patients who are admonished by their doctors to make lifestyle changes—even when such changes can dramatically improve their health—tend to be least compliant, even when compared with the high noncompliance rates for med-

specific therapeutic regimens, patient support group sessions, and written and e-mail patient reminders. Also helpful are various types of positive reinforcement and rewards, such as explicitly acknowledging the patient's adherence efforts, and self-monitoring materials designed to promote autonomous patient compliance reinforced by physi-

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ication-based regimens. For this reason, Haynes suggests that focusing first on medication compliance is critical. Once the physician and patient have worked together to fine-tune a medication regimen that works, add-on measures such as lifestyle modifications become easier.

Improving adherence requires strategies that are based on proven techniques that have worked in the clinical arena. These strategies can then be incorporated into various program elements. These include patient instructions, guidelines for counseling patients about

cian review, with a built-in reward structure.

Investing in DPE-based communication programs is a good strategy for increasing ROI, especially considering that only one to two percent of budgets is directed towards patient-physician communications. Ideally, productive doctor-patient encounters lead to higher medication compliance rates, better patient outcomes, and doctors who are more professionally satisfied. A three-pronged investment is good not only for patients, but also for business. ●

People Sima Shah joined Stratagem Healthcare Communications as an account executive. The company also added Ellyn



Sima Shah

Kutch as senior traffic manager and Stephen Gershon as copy editor. » Rx Worldwide Meetings promoted Judi Burdette to vice president of business development and Darcie Wooten

to director of meetings. Mary Beth Mounce and Mandy Schimming joined the company as meeting coordinators. Emmanuel Leeper also joined as controller. » William Passano became president of the Medical-Dental

Division of Ascend Media. » Gregory Q. Tiberend rejoined Richard Lewis Communications as executive vice president and COO.

Accounts RH Media, a new publisher's representative firm, will be handling four of Elsevier's titles: *Annals of Emergency Medicine*, *Journal of Allergy and Clinical Immunology*, *Journal of Emergency Nursing*, and *Disaster Management Response*. » Richard Lewis Communications entered into a partnership with TS Communications Group to enhance client services.

» Fission Communications and the Healthcare Marketing Communications Council worked together to re-brand the



Gregory Q. Tiberend

Annual Management Program at Dartmouth's Tuck School of Business.

Launches

The Navicor Group announced

the launch of its new Web site, www.navicorgroup.com, which was created by Blue Diesel. » Elsevier Society News Group launched *Thoracic Surgery News* with a September/October 2005 issue. The bimonthly publication is the official newspaper of the American Association for Thoracic Surgery.