



How to communicate with the patient ?

or

HEALTH BEHAVIOUR, DRUG INFORMATION AND PHARMACOTHERAPY

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INTRODUCTION

BACKGROUND ADHERENCE PATIENT-FOCUSED CARE

PREFERENCE MATCHING

TAILORED COMMUNICATION

COGNITIVE SCRIPTS

IMPLICATIONS FOR PRACTICE





Tim, a **civil engineer** of 26 years old, has suffered from low back pain since his university studies. He has been using anti-inflammatory drugs, alternating with high doses of paracetamol. Over the last weeks, the pain has been seriously disabling him and now makes a referral to the GP necessary. The doctor prescribes **Deanxit^R** (flupentixol + melitracen).

Tim **does not like to take medicines**, which is why he always postpones using them. When he enters the pharmacy with the prescription for Deanxit^R, he is visibly suffering a lot, and he is not able to stand upright for a long time. It is unclear to you if the GP has explained that Deanxit^R is an **antidepressant**, much **different** from what Tim had been using before. Tim **does not pay attention to your explanation**, and says **he will read** the package insert at home.





Two months later, Tim comes back to the pharmacy. He looks very **dejected**, and doesn't make a strong impression. When you ask how he is doing, he sighs deeply. Upon questioning, you find out that he stopped taking the Deanxit^R abruptly, because he **did not want to take medicines** for the rest of his life. Now he feels very bad, he has no courage, and he starts crying without any reason. In contrast to your previous encounters, he really **wants to discuss** what has happened. He appreciates it a lot that **you take time to discuss** his problems and that you **answer his questions**. It restores his confidence that he will soon feel better.





- To be aware of the need for matching patient preferences
- To be able to interpret the behaviors of patients
- To adapt information and communication strategies



MEDICATION ADHERENCE

1. Non-adherence is very common
2. Adherence is linked to many factors:
 - drug regimen
 - condition of disease
 - health belief
 - drug information
 - patient-provider relationship
 - social environment

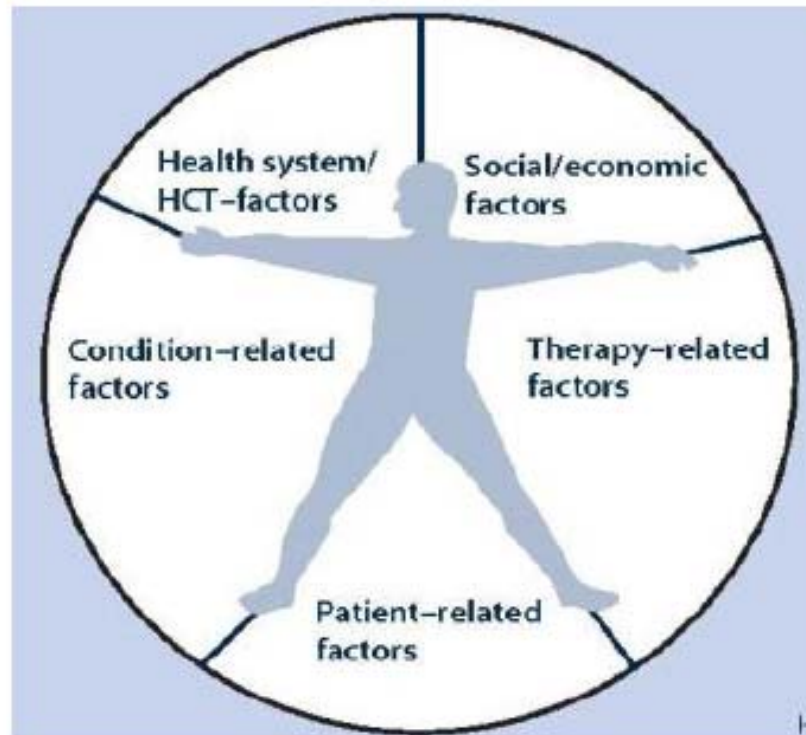
DiMatteo, Medical Care, 2004

Adherence to long term therapies, WHO 2003



MEDICATION ADHERENCE

2. Adherence is linked to many factors:



Adherence to long term therapies, WHO 2003



MEDICATION ADHERENCE

3. Good adherence to drug therapy is linked to positive health outcomes

forgiveness of medicines?

4. Adherence: surrogate marker for healthy behavior?



ADHERENCE ENHANCING INTERVENTIONS

1. Cochrane review, 2008: 93 interventions
 - more instructions for patients
 - counseling activities
 - pharmaceutical care services
2. Outcome measures:
 - Medication adherence
 - Treatment outcome





Short-term

5/10: adherence ↑

4/10: outcome ↑

Long-term

36/83: adherence ↑

25/83: outcome ↑

Interventions:

- complex and labour-intensive
- no large improvements





QUESTION

Why is advice so often unused?

Why aren't there more interventions that lead to better adherence and/or treatment outcomes?



PATIENT-FOCUSED CARE

1. Definition?

Not technology / doctor / hospital / disease centered

Essence is that the health system is designed and delivered to meet the needs and preferences of patients

Five principles: respect / choice and empowerment / patient involvement in policy making / access and support / information



PATIENT-FOCUSED CARE

2. Areas of intervention:

- Communication with patients
- Partnerships
- Health promotion
- Physical care (medications / treatment)



PATIENT-FOCUSED CARE

3. Requirements:

- Appreciation of patients' expectations, beliefs, concerns
- Motivation to provide information
- Ability to find a common ground on what the problem is
- Knowledge to utilize the best medical evidence to inform



DO PATIENTS WANT PATIENT-FOCUSED CARE?

- Based on patients' preferences: yes
communication
partnership
health promotion
- Based on ranking of different physician interaction styles: yes
person-focused style >> high-control

Little *et al*, BMJ, 2001

Flocke *et al*, Journal of family practice, 2002



BARRIERS TO PATIENT-FOCUSED CARE

1. Dissociation in perception of needs
Information desire (general)
2. Communication barriers:
 - patients' expectations?
 - patients' agenda?

Irwin *et al*, 2006, Chest

Kiesler *et al*, 2006, Patient education and counseling



IMPACT OF PATIENT-FOCUSED CARE

Health outcomes

Level of discomfort ↓

Level of concern ↓

Mental health ↑

Medical care

Diagnostic tests ↓

Referrals ↓

Medication ↓

Adherence

to medication ↑

to diet ↑

to exercise ↑

Relationship

Loyalty ↑

Malpractice litigation ↓

Little *et al*, BMJ, 2001

Stewart *et al*, Journal of family practice, 2000

Irwin and Richardson, Chest, 2006

Matthys *et al*, Br Journal of General Practice, 2009





If outcome is linked to

- Friendly and non-dominant interpersonal behavior
- Information provision
- Active patient participation

is there one best way?

QUESTION



... does not pay
attention to
package insert
problems



1. Extent of information desire differs
(among patients; over time)
2. Offering a choice may cause emotional distress
3. Pressure to be more active can provoke anxiety





Need for differential approach:

“Respecting patients’ autonomy should (also) include identification of those patients who wish to know less, and complying with their choice.”

Goal:

Matching communication to patients’ desired level of information and control

Schattner, 2002, QJM

Kiesler *et al*, 2006, Patient education and counseling



THEORETICAL MODELS

1. The congruence hypothesis

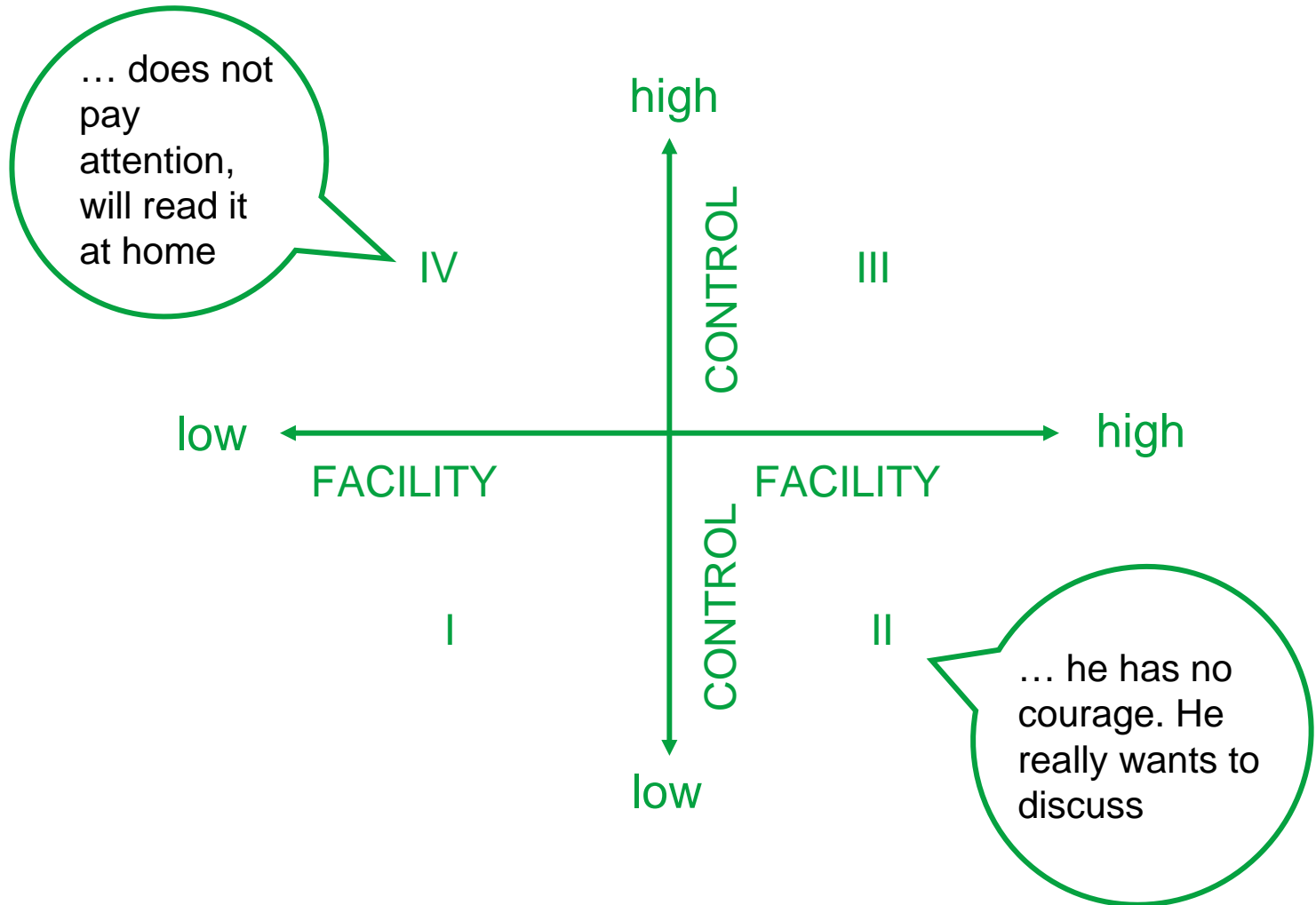
Patients are likely to respond more favorably to opportunities for medical information and involvement that are congruent with

- ~ beliefs about personal control
- ~ preferred manner of controlling stress

2. Theory of interpersonal complementarity



3. The patient-physician match model



PREFERENCE MATCHING

I	Low control Low facility	Paternalism <i>'doctor knows best'</i>
II	Low control High facility	Deferential style <i>Informational role</i>
III	High control High facility	Participatory approach <i>Teamwork</i>
IV	High control Low facility	Direct style <i>Coaching role</i>

Adapted from Peters, Archives of family medicine, 1994





**TAILORED
COMMUNICATION**



?

PATERNALISTIC ■ ■ ■ ■ PATIENT-FOCUSED





TAILORED INTERVENTIONS

Intended to reach one specific individual, based on specific characteristics of that person:

- Desire for information and involvement
- Content specificity

The very term *patient centred* implies different conversations with different patients for all sorts of reasons

Patient-centred approach seeks to integrate the world of the patient and that of the HCP

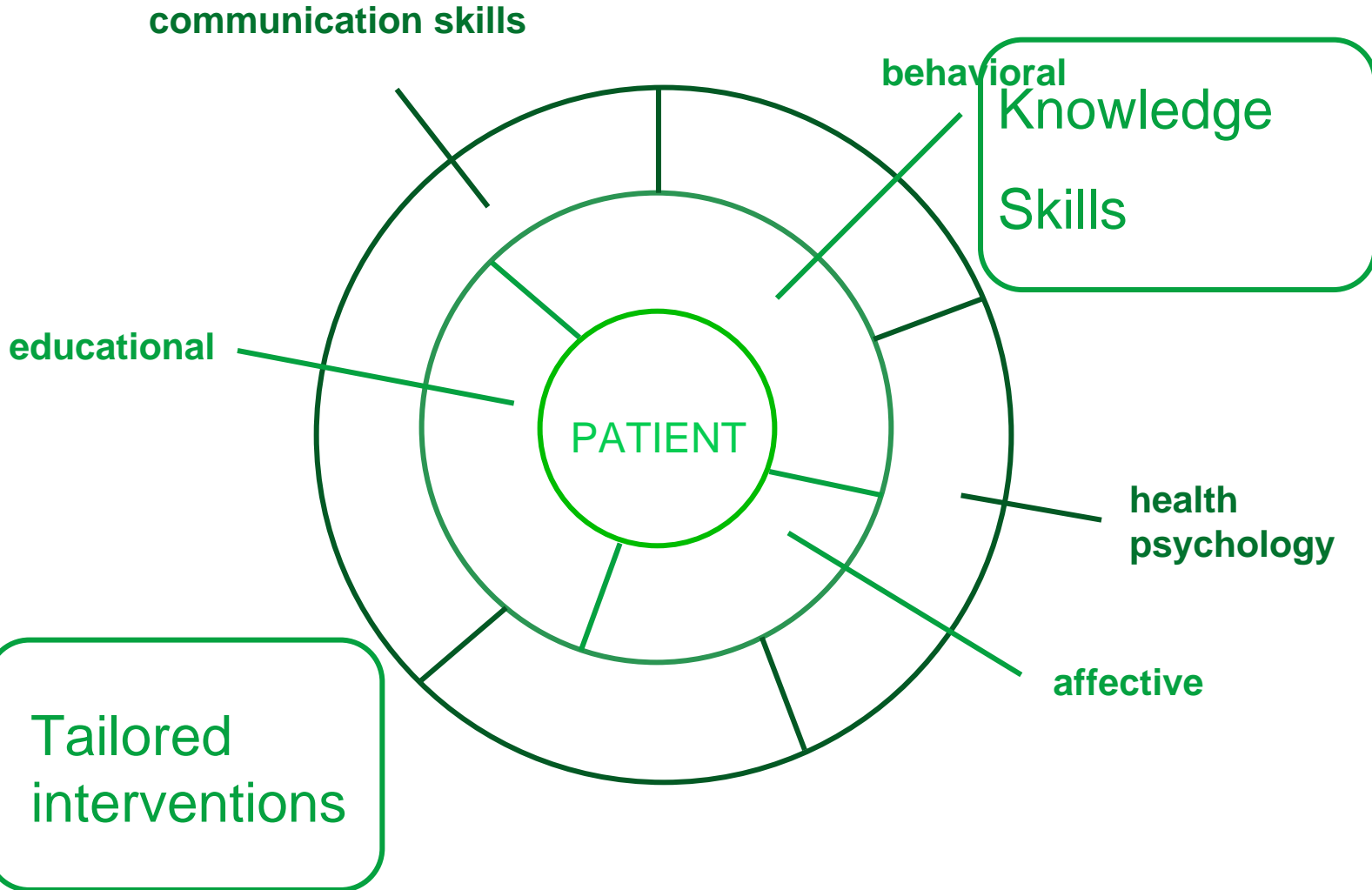
It's not just about communication,
it's a clinical method

How does content tailoring work?

Elaboration Likelihood Model (ELM):
Tailored information stimulates
cognitive activity (elaboration)



ADJUSTMENT OF PHARMACISTS' BEHAVIOR?



**TAILORED
COMMUNICATION**

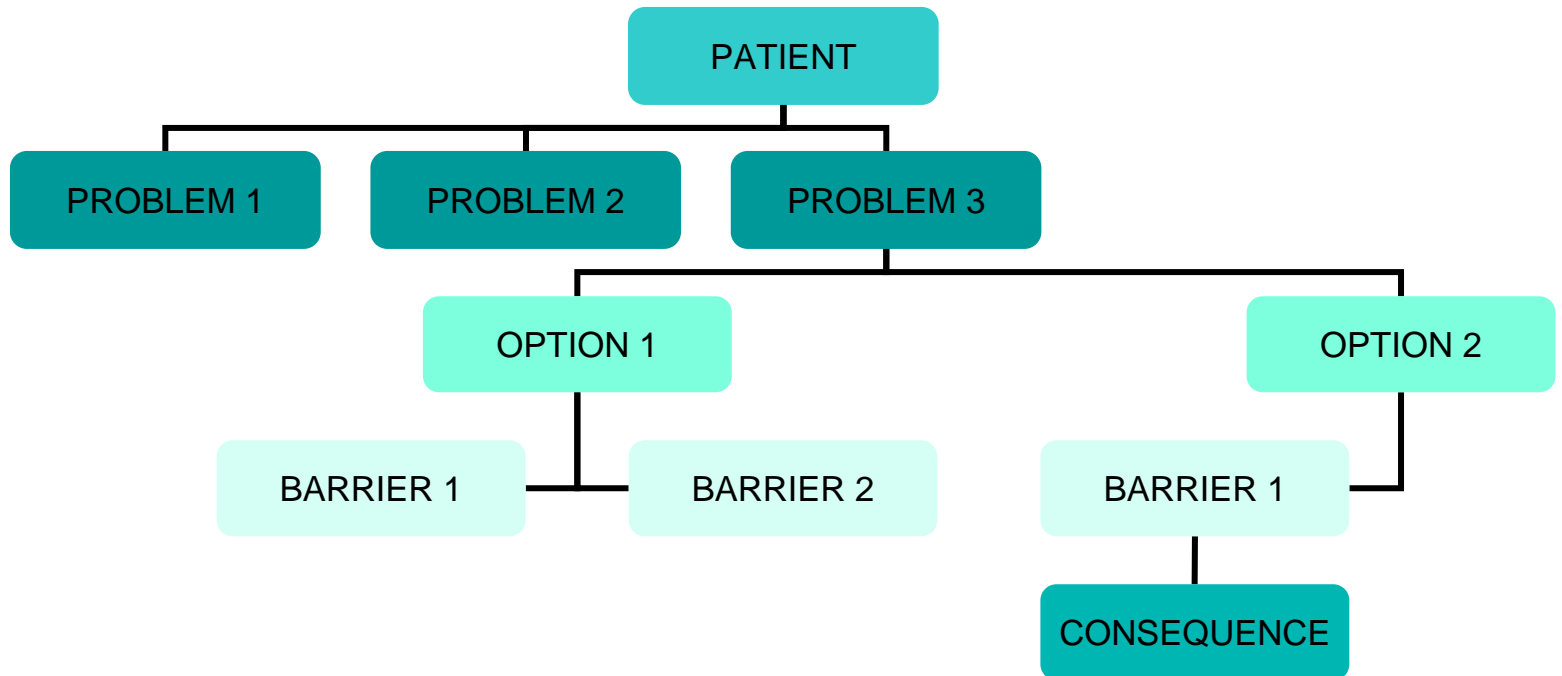


DEVELOPMENT OF COMMUNICATION SKILLS

1. Medical communication can be regarded as the performance of a complex task
2. Skillful medical communication is goal-oriented, problem-solving behaviour
3. Efficient selection of behavioral alternatives is facilitated by means of cognitive schemata or scripts



COGNITIVE CRIPTS



COGNITIVE
SCRIPTS



Objectives of the communication strategy?

... how to use the
(antidepressant)
drug

1. Technical

to guarantee an optimal and rational
use of medicines

2. Communicative

helping the patient to cope
with an ailment or a disease

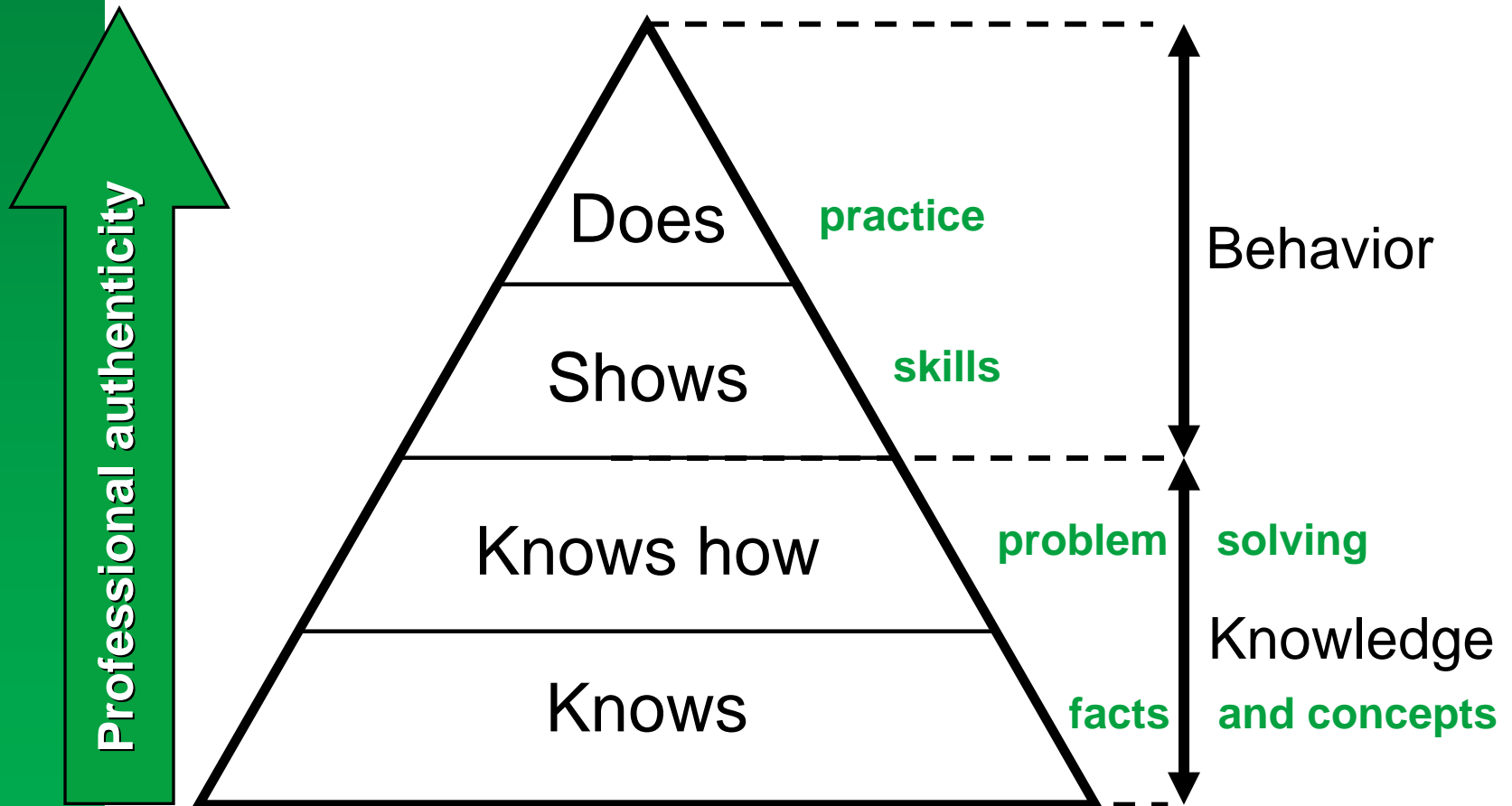
... how to
cope with
the
withdrawal
effects





“Effective communication is not a thoughtless and effortless process. It takes work, and it takes choosing your communication goals”

DEVELOPMENT OF COMPETENCIES



KEY ELEMENTS IN COMMUNICATION

- no jargon
- easily understandable language
- not aggressive or forceful in approach

- logical flow and relevance
- opening and closing

Framework

Questions

- good questioning techniques
- open-ended questions

Language

Content

- active listening
- facilitating responses
- demonstrating empathy, concern, understanding and patience
- building rapport
- assertiveness

Atmosphere

Body language

- adapted to present needs
- explaining
- advising
- persuading

- non-verbal communication: eye contact, posture
- perceptive to the patient's non-verbal cues

COMPETENCE DEVELOPMENT AT K.U.LEUVEN

Elements of health psychology (knows)
patient interview

Elements of communication (knows)

Small group work focusing on key elements of
communication (knows how)
empathy and active listening
motivational interviewing
questioning
counseling



COMPETENCE DEVELOPMENT AT K.U.LEUVEN

Communication skills training (shows)

OTC

First delivery of prescription drug

Second or repeat delivery



COMPETENCE DEVELOPMENT AT K.U.LEUVEN

Communication skills training (shows)

OTC

First delivery of prescription drug

Second or repeat delivery



COMPETENCE DEVELOPMENT AT K.U.LEUVEN

Internship (does)

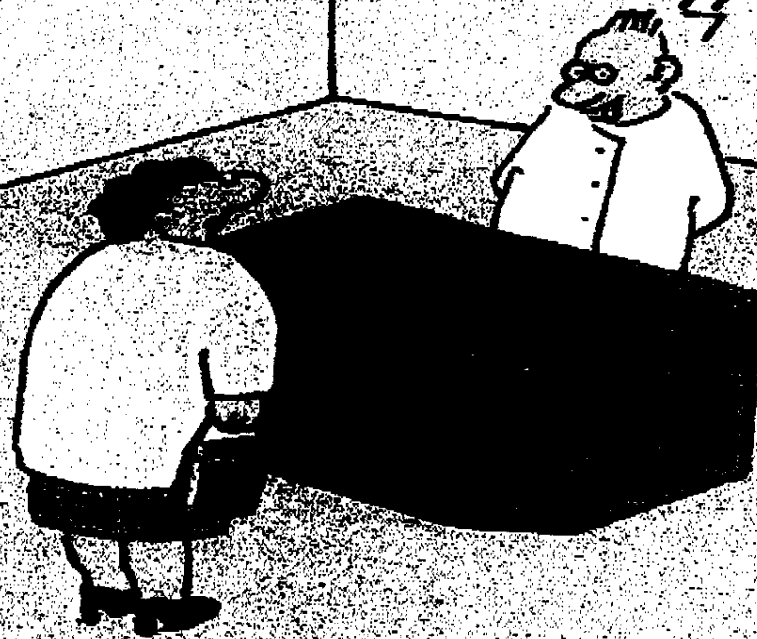


COMMUNICATION
SKILLS



IK HAD MI
UW APOTHEEK
HELEMAAL ANDERS
VOORGESTELD

NIKS GEZONDER
DAN EEN
GOED GESPREK!

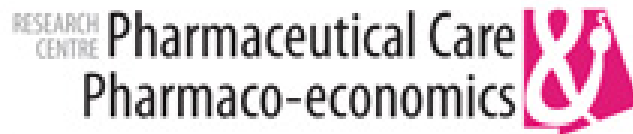


LAK



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EVIDENCE SUPPORTING THIS APPROACH?

Preference matching requires:

- Identification / assessment of patients' preferences
- Tailoring of pharmacist-patient interactive roles

Effectiveness in regard to information provision?





Molar extraction surgery

Better adjustment

Preprosthetic oral surgery

Better adjustment
Lower reported pain

Cardiac catheterization

Less anxiety
Better coping

Gynecologic colposcopy

Lower arousal

