

Slide 1: Response to Naik and Singh

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Slide 2: Starting points

- Synchronous asynchronous
- Explicit / implicit
- Evolving / static

Slide 3: How do synchronous and asynchronous communication create social networks?

Slide 4: Social Networks of Relatively Healthy People

An image of intersecting circles labeled, “The patient’s family/social network” and “The network of health care professionals.”

Slide 5: Social networks of people with serious and chronic illnesses

An image of intersecting circles labeled, “The patient’s family/social network” and “The network of health care professionals.”

Slide 6: How can asynchronous communication create/enhance “Communities of Care”?

- More informal than teams
- Constantly shifting membership
- Focus on the patient
- Nodes = highly networked individuals
- Collective responsibility
- Collaborative cognition → Shared mind

Slide 7: When should explicit synchronous communication occur between clinicians?

- Negotiation of roles and responsibilities
- Unusual situations
- Situations requiring shared cognition, brainstorming
- Disagreements about care
- Communication of personal knowledge *of* the patient (vs propositional knowledge *about* the patient)

Source: Eisenberg Center Conference Series 2009, Translating Information Into Action: Improving Quality of Care Through Interactive Media, Effective Health Care Program Web site (<http://www.effectivehealthcare.ahrq.gov/index.cfm>)

Slide 8: How can asynchronous communication promote patient-centered care?

- Knowing and honoring the patient's perspective (e.g., concerns, feelings, expectations, values)
- Knowing the patient-as-person-in-context
- Reaching shared understanding and vision
- Fostering meaningful engagement in care

Slide 9: Transactional Care – *Interactional Care*

Information

Knowing *about* the patient
Understanding the illness
Info based on typical needs

Deliberation

Elicitation of preferences
Negotiation
Contractual relationship
Management of emotion

Decision

Eliciting choice
Obtaining consent
Delivering care

Shared knowledge

Knowing the patient-as-person
Understanding illness-in-context
Info based on individual need

Shared deliberation

Mutual discovery of preferences
Participatory deliberation
Collaborative “medical friendship”
Empathic engagement

Shared mind

Articulating consensus
Confirming consensus
Moving towards health

Slide 10: What is the role of the patient?

- Patient access their EHR
- Patient entries into their EHR
- Patient involvement in deliberations and decisions
- Autonomy support for patient (vs dumping responsibility)

Source: Eisenberg Center Conference Series 2009, Translating Information Into Action: Improving Quality of Care Through Interactive Media, Effective Health Care Program Web site (<http://www.effectivehealthcare.ahrq.gov/index.cfm>)

- Navigation, activation, communication training

Slide 11: What is the role of the PCP?

- The Patient-Centered Medical Home
- PCP as the communication hub
- PCP as trusted representative of the world of health care
- PCP as source of personal knowledge and contextual information
 - eg. is the treatment right for *this* patient? Is *this* patient likely to take it?
- PCP as source of continuity
- PCP as source of perspective

Slide 12: Other issues

- Confidential, personal information that the patient would rather not share with unknown people
- Information overload for physicians
- Communication training
 - Handoffs, teamwork (inpt settings)
- Incentivizing
 - Necessary?