Slide 1: Response to Glasgow
Ronald M Epstein MD
Professor of Family Medicine, Psychiatry and Oncology
Director, Rochester Center to Improve Communication in Health Care
University of Rochester Medical Center

Slide 2: “Patient Centered Care is Fundamental to Quality Health Care”
“[Patient-centered care is] health care that establishes a partnership among practitioners, patients and their families (where appropriate) to ensure that decisions respect patients’ wants, needs and preferences, and solicit patients' input on the education and support they need to make decisions and participate in their own care.”(IOM - Crossing the Quality Chasm)

Slide 3: What are the “patient-centered” goals of IM-supported disease management?
- Individual autonomy vs autonomy-in-relation (family, physician)?
- Individual vs. collaborative goal-setting
- Individual vs. shared deliberation
- Autonomous vs. negotiated vs. libertarian-paternalistic vs. consensual decision-making

Slide 4: To what degree does IM-supported disease self-management depend on communication between patient/family and physician/NP?

Slide 5: How can interactive media enhance patient-centered communication?
- 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 6: Six functions of communication in health care
This is a figure illustrating the interactions between and among the six domains of communication and health outcomes. The domains are:
- Exchanging information
- Making decisions
- Fostering helping relationships
- Enabling patient self-management
- Managing uncertainty
- Responding to emotions

Slide 7: When providing information is not enough...

- Promoting self-efficacy and self-care
- Engaging patients in decision-making
  - Shared deliberation and shared mind
- Bidirectional information exchange
  - Patient’s perspectives, experiences, beliefs, values, preferences, contexts
- Building relationships
  - Patient-physician (partnership, activation, being known)
  - Social support – family, peer
- Addressing emotions and uncertainty

Slide 8: How can interactive media promote healing relationships?

- Trust
- Rapport
- Shared history
- Respect
- Involving family

Slide 9: Exchanging information: How can IM help physicians explore, know and honor patients’ perspectives?

- Inquiry into concerns, expectations, ideas and values
- Possibly accepting deviations from guidelines and protocols
- Asking more than once
- Helping to clarify values and construct preferences – not just elicit them

Slide 10: Exchanging information: How can IM help physicians know the patient-as-person-in-context?

- The home environment
- Who does the cooking
- Cultural eating patterns and health beliefs
- The patient’s personality, predispositions, style
- Accumulated personal knowledge over time
- Example: psychotx programs

Slide 11: Exchanging information: How can IM help with providing information to patients?

• Raw information
  o Population-based, assume that patient can interpret and infer
• Tailored information
  o Tailored to disease, culture, literacy, health beliefs, economic realities, etc.
• Usable information
  o How information is received, processed, interpreted and enacted

**Slide 12: How can IM promote disclosure, clarification and response to emotions that affect chronic disease management?**

• Fear, shame, self-blame, frustration, hopelessness
• Elicitation
• Recognition of indirect expression
• Empathy, legitimation
• Problem solving
• Psychological support

**Slide 13: How can IM help physicians and patients address uncertainty?**

• Uncertainty about
  o Outcome
  o Cause
  o Availability of support
  o One’s ability to cope
  o Whom to trust
  o Whose advice to follow

**Slide 14: How can IM help physicians and patients make decisions based on shared understanding and vision?**

• Eliciting preferences
• Not taking them at face value, questioning preferences, offering alternatives
• Principled and knowing deliberation
• Presenting positive and negative aspects of options
• Summarizing and checking

**Slide 15: How can IM foster self-management and meaningful engagement in care?**

• Self-efficacy
• Capability
• Peer or family support

• Action plans
• Self-monitoring
• Care management, navigation and coordination
• Self-management or collaborative management?

Slide 16: Effect of IM and self-management on process of clinical consultations

• How do consultations differ when preceded by exposure to self-management education programs?
• If patients are enabled and active self-managers, do physicians also change their consultation style?

Slide 17: From disease management to patient/family-focused health enhancement

• Chronic illnesses cluster in individuals
  o Skills used to manage one illness may be translatable to other illnesses
• Chronic illnesses cluster in families
  o Skills learned by one family member might be adopted by other family members
• How can disease-focused programs improve self-management of non-target illnesses?

Slide 18: Extensions

• How can the lessons from chronic disease management be adapted for symptomatic and life-threatening illnesses?
  o Heart failure
  o Cancer chemotherapy
• Life-limiting illnesses and palliative care?
  o Pain and symptom management
  o Goals of care