

Slide 1: Response to Glasgow

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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

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 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?

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- Raw information
 - Population-based, assume that patient can interpret and infer
- Tailored information
 - Tailored to disease, culture, literacy, health beliefs, economic realities, etc.
- Usable information
 - 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
 - Outcome
 - Cause
 - Availability of support
 - One's ability to cope
 - Whom to trust
 - 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

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- 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
 - Skills used to manage one illness may be translatable to other illnesses
- Chronic illnesses cluster in families
 - 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?
 - Heart failure
 - Cancer chemotherapy
- Life-limiting illnesses and palliative care?
 - Pain and symptom management
 - Goals of care