

An Informed Patient Is a Happy Patient

Providing education is the key to improved patient satisfaction.

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The number of healthcare websites has grown over the years—mostly fueled by patients seeking medical information. Patients come to practices seeking diagnosis, treatment, and information; yet, while doctors are very good at diagnosing and treating problems, many are not nearly as adept at providing the information patients are looking for. This is viewed as a lack of interest from the doctor—substantiating patients’ perception that healthcare providers have an “attitude of indifference.” Consider a classic by Charles Schultz from his *Peanuts* comic strip. This cartoon shows Snoopy lying in a hospital bed with his three brothers looking on. One asks, “How can we know if our brother is getting better if no one tells us anything?” A second says, “I think I’ll go hang around the front desk ... maybe I’ll hear something ...” When he returns, he looks dejected, relaying that, “The nurse is having trouble with her boyfriend, and the doctor is going to switch to a metal seven-wood.” While the comic strip may seem funny, it conveys a widely held negative perception. Patients want information, but they perceive that no one at the doctor’s office wants to take the time to offer it.

In addition to the questions that arise from natural curiosity about

their conditions and treatment, patients are being encouraged by experts to question the necessity of tests and x-rays ordered by their doctors. Patients have long been told that doctors practice defensive medicine—often ordering more tests than are medically necessary, and there actually is documented evidence

dergo. Practitioners often react negatively to these inquiries—feeling that patients are doubting their judgment. It is important to recognize that this is not necessarily true. Today’s patient is a better-educated consumer and understands that s/he needs to be proactive when it comes to his/her own healthcare needs. There are important

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to support this belief. An interactive Harris poll indicates that 80% of doctors order more tests than are medically necessary and that more than half of these tests are invasive. I don’t know about you, but for me, the thought of paying for a painful test—and later finding out that it may not have been necessary—is scary. We all want to know beforehand that the results of a test we are being asked to undergo will be of value to our treatment.

Patients do not know which tests are necessary; however, they are being informed that because some tests may not be absolutely necessary, they should ask questions regarding any tests they are encouraged to un-

dergo. Practitioners often react negatively to these inquiries—feeling that patients are doubting their judgment. It is important to recognize that this is not necessarily true. Today’s patient is a better-educated consumer and understands that s/he needs to be proactive when it comes to his/her own healthcare needs. There are important questions to ask before submitting to tests—especially if they are to be expensive and/or invasive. We cannot ignore the fact that patients are being educated to know when to question or say no to a test, and we need to approach this trend as a positive. Understanding that patients are being educated to ask questions, we can choose to meet their needs rather than regarding their questions or Website “research” as challenges to our judgment. One research option we can make them aware of is crowdsourcing websites. This has emerged as an effective way for a patient to explore and compare the efficacy of numerous medical tests as well as treatment op-

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tions for specific conditions. On these sites, patients can learn how others who have suffered from their same conditions rate the various tests and treatments they have undergone.

The best way for a doctor to approach patient questions is to anticipate what they might ask—including those questions that have to do with recommended tests—either their necessity or their cost. This preparation will increase our patients' confidence in us—confidence that any test we recommend as necessary is necessary. Such an approach will also increase the likelihood of a correct diagnosis and an optimal treatment outcome. Better physician preparation will improve patient compliance with treatment plans because a doctor who is prepared to answer questions is facilitating the patient's involvement in his/her own treatment. Important to this discussion is the fact that healthcare websites are becoming more sophisticated, especially in the area of evidence-based medicine. Recently, on a "Lower Back Pain" section of the crowdsourcing website *healthoutcome.org*, researchers reported finding that when a large number of patients contribute their experiences and treatment results to this database, the results concerning treatment outcomes on their database are consistent with those from randomized controlled trials. Clearly, patients will be expecting doctors to recommend tests and treatment protocols based on their own experience, as well as on research from similar evidence-based websites.

Implementation of patient education protocols into practices can be difficult in today's environment of low fees and high volume, a time when most doctors are feeling the "crunch." Most seem to have little time to devote to this crucial matter. According to the article "Educating and Enlisting Patients," in the *Journal of Clinical Outcomes Management*, by Geoffrey H. Gordon, MD, FACP, and F. Daniel Duffy, MD, FACP, clinicians tend to overestimate the amount of time they spend "instructing" patients. According to a study cited in this article, physicians

estimate that they spend an average of seven minutes educating each patient; yet, when followed throughout the day, with their time allocations being "scientifically" measured, the "education time," per patient, was found to be one minute—or less. If physicians were to actually spend seven minutes educating each patient regarding his/her condition, they would achieve dramatically higher levels of patient satisfaction, and treatment outcomes would be consistently better. Unfortunately, if

Video presentations can be augmented by printed educational materials which the patient can take home to review at a later time. The printed materials can be dispensed in treatment rooms or at check-out. A practice website, along with aforementioned crowdsourcing websites, can also be beneficial. Both can be visited in-office or at home. In addition to its being a valuable teaching aid that helps patients learn about their medical conditions, a practice website creates the opportunity for patients to learn

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doctors did spend this much time educating patients, they would likely go out of business due to a decrease in the amount of time they would have left to devote to patient treatment. What is difficult for busy doctors—ones who seemingly have only one minute, per patient, to devote to answering patient queries—is developing a "creative equivalent" for these seven minutes of "education time."

If you are focused on eliminating the possibility of patients seeing you as being "indifferent" to their questions, there are numerous ways to employ technology to help you achieve your goal without requiring more time from either you or your staff. Since the technology used to deliver effective medical treatment (i.e., electronic medical records, etc.) is already in place in most practices' treatment rooms, why not use it to serve a parallel purpose—one of presenting audio-visual education material to patients? This material can improve both treatment outcomes and physician productivity. While the doctor is seeing other patients, a patient can use this technology to view videos discussing outcomes for his/her proposed treatment plan. Afterwards, when s/he returns, the doctor can answer any questions the patient may have regarding the information that has been read on-line or presented in the video.

about other conditions that the doctor treats—ones which acquaintances, friends, family members, or even they, themselves, may have. The end result of this dissemination of information is a true win-win; the patient receives the medical information s/he is seeking, thus enhancing patient compliance; outcomes are better as a result, increasing patient satisfaction; the doctor is able to use his/her time more effectively, directing it to more productive uses; the practice receives more referrals from "better-informed" patients; and third party payers save money as a result of improved treatment outcomes. Given the many positive impacts that effective patient education can make on a practice, it is essential that, in addition to verbal explanations and responses to questions, all physicians provide patients with a combination of educational videos, PowerPoint presentations, printed materials, and educational websites in their practice routines. **PM**



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