Engaging Patients in their Health and Health Care
Health care practices should continually strive to achieve interactions that center on patients, acknowledge their concerns, and are consistent with their needs, preferences, and values. To do so, the effective care team needs to know more about patients than just their age, gender, signs and symptoms; team members need to know each patient as a “whole person.”

Building collaborative relationships with patients and families is a core value of patient-centered care. Understanding patient needs and preferences is an important first step. In this communication brief, we will discuss tools and techniques to elicit information about the needs and concerns of patients and their families. In addition, we’ll examine how to support patients and families to better manage their own chronic conditions and maintain their health. It is important to consider how to collaborate with patients and families to bring their voice into the planning and delivery of health care. This has been shown to improve quality and safety as well as address their needs more effectively to create a whole person strategy.

The Institute for Patient- and Family-Centered Care defines four core concepts to guide the development of patient-centered interactions:

- **Dignity and Respect.** Health care practitioners listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs, and cultural backgrounds are incorporated into the planning and delivery of care.

- **Information Sharing.** Health care practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete, and accurate information in order to effectively participate in care and decision-making.

- **Participation.** Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.

- **Collaboration.** Patients, families, health care practitioners, and health care leaders collaborate in policy and program development, implementation, and evaluation; in facility design; in professional education; and in the delivery of care.

Involving patients and families in improving the quality of care for all patients takes time and commitment to move in small steps toward a more patient-centered culture. Safety net clinics have long mandated patients on boards and advisory panels. Inviting patients and families more directly into the planning and delivery of care at the team level requires courage and patience. In addition to the organization level steps outlined below, practice teams invite patients and their families to improve self-management support by giving feedback on patient interactions.
Patient-centered care includes supporting patients in making changes in their health behaviors, from preventive strategies such as eating healthier foods and exercising to support an active lifestyle to taking medications appropriately and managing complex health conditions. Effective patient-centered medical homes train clinicians and staff to communicate with patients using techniques that acknowledge their positive health behaviors, involve them in decisions about care, and empower them to take better care of themselves day-to-day. They use collaborative goal setting, patient action plans, and proactive follow-up to motivate and sustain healthy lifestyles.

Although care teams might want to include these patient-centered interactions, the pressures of a busy practice may make them wonder how they can fit an intervention activity into a visit. To make time for patient-centered interactions, the key points are to prepare before the visit, to utilize effective, brief interventions to support self-care, and to connect patients with resources in the community so they have active help to manage their health day-to-day.

The Cycle of Self-Management Support below shows how repeated brief motivational interventions targeted at patient-identified goals can improve health behaviors and outcomes and lead to better collaboration and satisfaction for patients, their families, and the health care team.

Collaborative Care: Cycle of Self-Management Support

Before the Visit

Visit preparation creates time and space within a visit to build and maintain the relationships that are central to self-management. Health coaches, medical assistants, or front office staff can work from standing orders to assure that tests are completed and all necessary information is on hand ahead of the visit. Conversations about goals and activities for healthy behaviors flow more easily if patients are helped to prepare for the visit as well. Gather patient experiences and concerns in advance by distributing forms such as “Ask Me Three” by mail or in the waiting room to help patients focus their questions and bring needed information to the visit. “How’s Your Health” is a web-based tool that individuals can access at home at their convenience and print out to bring or email to their clinician. Collecting clinical information and patient experience information brings the world of medicine together with the patient’s life to form a foundation to collaboratively manage care.

Tips for Visit Preparation

- **Give patients a heads up** that you are changing care delivery and that they might find the visit somewhat different. Patients feel more comfortable when they know what to expect, and asking them to prepare in advance acknowledges that they have an important role to play.

- **Use posters in the waiting room** to tell the stories of patients who are on their way to successful self-management. Using patient and family advisors in your medical home implementation process may be a good place to begin.

- **Consider administering a depression screening tool** before the visit as standard care for patients with chronic conditions.

- **Ask patients to bring medication lists** or the medications themselves, as well as questions and results of any monitoring they’ve done on symptoms or glucose testing.

- **Have medical assistants ask diabetes patients to “show us your feet”** in readiness for a foot exam.

During the Visit

**Effective Communication Skills and Tools**

Developing a trusting, collaborative relationship with the patient and family can be enhanced by the use of effective communication techniques. Then clinical teams can gradually, over a series of interactions, help patients build their skills and confidence in their ability to manage their condition day to day. These same tools and skills are effective in preventive care to help healthy patients stay healthy. Communications strategies include:

- **Warm greeting:** Greet patients with a smile and a welcoming attitude.

- **Eye contact:** Make appropriate eye contact throughout the interaction.

- **Plain, non-medical language:** Use common words when speaking to patients. Take note of what words they use to describe their illness and use them in your conversation.

- **Slow down:** Speak clearly and at a moderate pace.

- **Limit content:** Prioritize what needs to be discussed and limit information to three to five key points.
○ **Repeat key points:** Be specific and concrete in your conversation and repeat key points.

○ **Graphics:** Draw pictures, use illustrations, or demonstrate with 3-D models.

○ **Patient participation:** Encourage patients to ask questions and be involved in the conversation during visits and to be proactive in their health care.

○ **Teach-back:** Confirm patients understand what they need to know and do by asking them to teach back directions. The Teach-back methods, also known as the “show-me” or “closing the loop” method is a way to confirm that you have explained to the patient what they need to know in a manner that the patient understands. Their understanding is confirmed when they explain back to you the instructions you’ve given them.

Training in communication techniques, Motivational Interviewing, or other brief motivational skills helps clinicians use open-ended questions to elicit patient experience, beliefs and attitudes. “Ask-Tell-Ask” and “Closing the Loop” techniques improve information sharing so that clinical advice is directed at issues of central importance to patients and that they understand and know how to use the information to manage their care when they get home. “Rolling with resistance” helps clinicians identify situations when patient and clinician are not on the same page, and change their interaction style to recreate an environment in which collaboration can occur.

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**Enhancing Patient Self-Management**

The communications strategies outlined above are applicable to improving patient-centered interactions in all types of patient visits. Additionally, there are core competencies for enhancing self-management support. They are:

○ Assessing patients’ needs, expectations and values;

○ Sharing information;

○ Collaborative goal setting;

○ Action planning;

○ Problem solving; and

○ Ongoing follow-up.

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**After the Visit**

**Follow-up on Action Plans**

Even the best plans of action require adjustment to work effectively. Medications may produce side-effects or not produce the desired effect, requiring further support and explanation or alterations to make the plan workable, and barriers may arise. For all of these reasons, making regular contact with patients after a visit or change in treatment helps them sustain positive change. Studies on depression, in particular, document the need to follow-up with patients to assist them in succeeding with the action plan, particularly in adjustment to changes in medication.

Many teams suggest a brief call to review and problem-solve any issues arising for the patient in completing their action plan, as well as monitor any changes in treatment or medication regimen. The health coach, whether a medical assistant or nurse, frequently makes follow-up calls. Coverage of their time from other flow activities for one to three hours per week is often sufficient. Using open ended questions, the coach can elicit problems and use problem solving techniques to help the patient adjust and revise their plan. Coaches offer support, normalizing what patients may consider failures and acknowledging successes.

**Communicating to Improve the Patient-Centered Experience**

At the heart of patient-centered interactions is the ability to communicate with patients in a way that works well for them. Patients that seek medical care from community health...
centers are often of diverse social, cultural, and linguistic backgrounds. This guide offers a framework that providers can use to improve communication generally with all patients and more specifically with their diverse patient populations.

**Communication Barriers and Opportunities**

We know from current data that communication challenges abound. For example, Latino parents report more often than parents of other ethnicities that providers “never” or “only sometimes” understood their child’s needs. We also know that during a health care visit, when communication is provided in a way that meets the needs of the patient and family, care is both safer and more effective. In one study, those clinical sites that emphasize and train their staff to be more culturally competent have patients who were more likely to take appropriate medication for their asthma.

Studies have repeatedly demonstrated heterogeneity in quality of care among patients within racial-ethnic categories due to differences in occupation, income, education, acculturation, English language proficiency, and national origin. Numerous studies document that racial and ethnic minorities often receive lower quality care than non-minorities. Although much information on health care comes from health care organizations, data on race, ethnicity, and primary language are often unavailable or incomplete.

Regardless of racial and cultural background, more than a third of patients have limited health literacy, which results in misunderstanding what they need to do to take care of their health and is associated with poor management of chronic diseases, poor ability to understand and adhere to medication regimes, increased hospitalizations, and poor health outcomes. Therefore, rather than emphasize characteristics associated with various racial-ethnic categories or socio-economic categories of patients, we provide communication tools that are broadly applicable to all patient interactions, and emphasize issues that frequently arise in cross-cultural encounters and visits where health literacy is an issue.

**Communicating in Settings with Diverse Patients**

At the most basic level, cross-cultural encounters can involve language barriers. Language barriers arise when patients and providers do not speak a common language. Studies have shown that language barriers resulting from limited English proficiency are associated with lower adherence to medications; higher rates of adverse events during hospitalization, longer hospital stays, poorer understanding of chronic disease and self-care, lower satisfaction with care, and worse overall health outcomes.

When language barriers occur, they can be effectively mitigated by the use of interpreters. Federal offices and health professional organizations recommend the use of professional interpreters whenever possible. Use of untrained ad hoc interpreters such as bilingual staff or family and friends is not advisable and may put patients with limited English proficiency at risk for poor quality of care and health outcomes. Untrained interpreters may not be familiar with medical terminology, may not understand the role of a medical interpreter in a medical encounter, may not be aware of the ethical and legal issues associated with interpreting in a medical setting, or they may prohibit a patient from freely discussing problems or concerns of a private nature due to their relationship to the patient. If professional interpreters are not available in the office, professional interpreters can be accessed over the Internet or by phone. One frequently used phone resource is the Language Line. The Language Line
provides access to professional interpreters in more than 170 languages, 24-hours a day, and 7-days a week. For providers that are not familiar with working with medical interpreters, Table 1 provides a few tips. Culture is commonly defined as a shared system of values, beliefs, and learned patterns of behavior. Culture also is shaped by factors such as neighborhood, education, income, gender, age, and sexual orientation. To understand the role of a patient’s culture in a medical encounter, the provider must first recognize his/her own biomedical view of disease and illness and recognize that a patient's view of his or her illness may not coincide with it. Failure to uncover and address cultural differences in beliefs about the causes and cures of illness can lead to miscommunication and misunderstanding with effects ranging from mild discomfort to lack of trust and non-adherence to prescribed treatment regimens. The story of a Hmong girl with epilepsy and the conflict that emerges between her community and her doctors over how to treat her is told in the prize-winning book The Spirit Catches You and You Fall Down. In this story, the differences between the Hmong community and the medical care system center on differing belief systems about causation of disease and the means to cure it. The girl’s doctors hold that her disease has a biological basis where as the Hmong community believes that it is primarily spiritual. Because neither side understands the other's intentions, mutual distrust evolves. Ultimately, the dissention between the community and the health care system contributes to the girl’s death. As this story illustrates, one of the first tasks for a provider in a cross-cultural encounter is to elicit the patient’s perspective. Once the patient’s perspective has been elicited, the provider needs to negotiate a diagnosis and treatment regimen with the patient and, when appropriate, his or her family.

**Eliciting a Patient’s Perspective**

Table 1 summarizes a set of questions developed by Kleinman, Eisenberg, and Good for eliciting the patient’s perspective of his or her problem. The first set of questions asks about the patient’s view of his or her symptoms and illness; about illness-related behaviors such as care seeking, alternative treatments and source of health information; and about the patient’s agenda. Uncovering the patient’s expectations for the consultation at the outset can help save time and effort later when the treatment plan is being formulated.

Although patients may be initially hesitant to reveal their beliefs, this reluctance can be overcome with respectful questioning and reassurance. During this part of the

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**Table 1. Eliciting the Patient's Perspective**

I. Exploring the meaning of Illness

**The patient’s perspective:** What do you think has caused your illness? How do your symptoms affect your life? What worries you most about your symptoms? What kind of treatment do you want or do you think would work?

**Illness behavior:** Have you seen any other doctors for this problem? Have you tried any home remedies or non-medical treatments for this problem? What seems to make your symptoms better? What makes them worse? Who advises you about your health?

**The patient’s agenda:** How can I be of help to you? What is the most important thing you want to accomplish today?

II. Social context

**Background:** Where are you from? What caused you to come to this country? Where were you born? How long have you lived here?

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**Language:** What language do you speak at home? How well do you speak English? How well do you understand English? How well do you read English?

**Literacy:** Do you usually need help reading the materials you get from the doctor? Is it difficult for you to fill out medical forms by yourself? How many years of school did you complete?

**Social support:** Do you have family or friends you can call for help? How often do you get together with family or friends socially? Do you belong to a church or social group?

**Socioeconomic Stressors:** What is causing the most stress in your life? How do you deal with your stress? Is money a problem in your life? Have you ever skipped meals or had less to eat than you wanted due to lack of money? Have you ever had to delay medical care or go without prescribed medications due to lack of money?

encounter, it is important for the provider to remain non-judgmental and accepting of the patient’s point of view. One strategy that can help reduce a patient’s reluctance to share their beliefs is to ask about what others believe or to ask about hypothetical situations. For example, a provider can ask if the patient knows anyone else that has had similar problems and what the cause(s) for that person’s problem were.

Table 1 also includes a set of questions about the patient’s socioeconomic context. This includes questions about the patient’s background, literacy level, income, social support education and socioeconomic stressors. One could also ask questions about the patient’s neighborhood and living situation. For example, exercise and eating recommendations might be shaped by neighborhood crime, whether there are sidewalks, the accessibility of parks, and by the types of stores that are present. These questions can help the provider develop an understanding of the patient’s life experience, and thus help guide the development of a mutually acceptable and realistic treatment plan.

Once the provider has formulated a diagnosis and treatment plan, they must present it to the patient and reach a mutually acceptable agreement with the patient. Failure to do so will most likely result in poor adherence and sub-optimal outcomes of care.

The treatment plan should be described in terms of priorities and options. The patient’s priorities should be incorporated into the treatment plan as much as possible in order to maximize the potential for adherence. If conflicts remain, the provider should focus on the highest priority aspects of the treatment plan that are acceptable to the patient. If the patient leaves the encounter not accepting the provider’s recommendations, there is a very high likelihood that the patient will not follow through with the treatment plan and the relationship with the provider will suffer.

The above content was taken from:

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