Impact of Communications On Health Outcomes

Most people think they are good communicators. How hard can it be to talk to people? We do it every day. But how well do we do it under pressure? And do we do it well when we have to deliver bad news or when the other person is from a different culture? Think of all the miscommunications that occur each day with friends, family and neighbors. If we stopped to think about what we say and how we say it, could we avoid some of those misunderstandings?

It's not surprising that physicians sometimes have trouble communicating with patients. Today a physician has more on his or her mind than ever before. How do you slow down enough to look your patient in the eye when your mind is on a dozen other things and you're trying to pack more and more into a 15-minute appointment?

Misunderstandings in the healthcare setting can have dire consequences. This is illustrated poignantly in the critically acclaimed book The Spirit Catches You and You Fall Down by Anne Fadiman (Farrar, Straus and Giroux, 1997). The book recounts the story of a Hmong girl with epilepsy who died because her physicians did not consider how her family's culture affected what they understood about her condition and the recommended treatment.

But it's not surprising that physicians sometimes have trouble communicating with patients. Today a physician has more on his or her mind than ever before:

- The base of medical knowledge continues to expand exponentially.
- Healthcare's rank as one of the most-regulated industries gives physicians an ever-increasing laundry list of policies and procedures to follow.

- The move toward the electronic medical record means that physicians need to become facile with computer software and hardware as well as human physiology.
- The current emphasis on disaster preparedness and emergency management adds a new dimension to the life-and-death decisions and situations that physicians face every day.
- Rising costs of medical liability insurance and stagnant reimbursements mean that balancing the budget and just staying in practice are a constant juggling act.

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Communications are crucial to quality healthcare. Organizations from small rural hospitals and private practices to university-based research centers and the Institute of Medicine are connecting the dots from patient communications to better outcomes, including fewer medical errors, better patient satisfaction, greater job satisfaction, fewer malpractice suits and better adherence to treatment plans.

And it's not surprising that patients need more reassurance and explanation from their physicians. They too are barraged with information and pressure from insurers, employers and the media. They are also dealing with more difficult health problems: four out of five medical encounters concern existing chronic illnesses, shifting the emphasis from "find-it-and-fix-it" to big-picture, quality-of-life issues. How can anyone expect to understand—and retain—treatment options, the latest health advice, possible drug interactions and more in a mere quarter of an hour?

Yet communications are crucial to quality healthcare. Organizations from small rural hospitals and private practices to university-based research centers and the Institute of Medicine (IOM) are connecting the dots from patient communications to better outcomes, including fewer medical errors, better patient satisfaction, greater job satisfaction, fewer medical malpractice suits and, most importantly, better adherence to treatment plans.

"The Institute of Medicine, in its landmark publications Crossing the Quality Chasm and To Err is Human, points to communications as a marker of quality care," says Richard Frankel,

Ph.D., professor of medicine and geriatrics at Indiana University School of Medicine in Indianapolis and a leading researcher in the field of healthcare communications. "The future of medicine in some sense is dependent on embracing this idea of improved communications."

Reviews of the medical literature have found that improved communication had a definite effect on health outcomes, including emotional health of the patient, symptom resolution, functional status, physiologic measures and pain control.

Clearly, all this talk about communications isn't about doctors and patients sitting around and singing "Kumbaya." It's about getting a more complete medical history, getting the whole picture of patients and their conditions, developing lasting relationships with your patients, feeling good about your job and making a difference in people's lives.

"All of a sudden, it's not just about communications," says Dr. David Hatem, internist at University of Massachusetts Memorial Medical Center and president-elect of the American Academy on Communication in Healthcare (formerly the American Academy on the Physician and Patient). "It's connected to real outcomes. Communication is associated with better quality care; it's associated with fewer medical errors and better adherence to medications. This isn't about being a nicer doctor; it's about being a better doctor."

Reconnecting the Human Relationship

"Healthcare is a human relationship," says Kris Baird, R.N., practice management consultant with Baird Consulting in Fort Atkinson, Wis. "It's not just about dispensing medications. It's a very sensitive, human relationship."

And that sometimes gets lost in the challenges of practicing medicine today, says Martie Moore, R.N., senior vice president of patient services at MaineGeneral Health, a network of healthcare facilities in the Kennebec Valley. "We've lost that connectedness," she explains. "It's why we chose healthcare as a profession, and now we've lost it." She blames the increased emphasis on productivity and other pressures of practice. In many ways, she says, physicians and other members of the healthcare team need to learn skills to "reconnect them with people."

Patients clearly haven't forgotten that human part of the healthcare relationship. In a poll released by Harris Interactive in October 2004, patients rated the importance of different attributes in a physician. Respondents ranked interpersonal skills as being more important than medical judgment or being up-to-date on the latest research.

Medical schools are convinced of the importance of patient communications. Many have added communication skills as one of their core competencies when considering medical-school applicants and designing curricula. "There's a realization that one of the criteria for being a good doctor is having good communication skills," says Dr. Frankel. "There's certainly more openness to learning about communication skills and much more opportunity in medical-school curriculum to teach them."

There's also been an upsurge of interest in CME courses in patient communications. Organizations like the Institute for Healthcare Communication and the American Academy on Communication in Healthcare report increasing enrollments in their classes. Malpractice insurance companies, state licensure boards, managed-care organizations and hospitals are urging physicians

Is Your Practice 'Patient Centered?'

Most physicians think of themselves as patient centered, says Dr. David Hatem, president-elect of the American Academy of Communications in Healthcare (formerly the American Academy on the Physician and Patient). After all, without patients, there would be no need for physicians, right? "And many are [patient centered]—most of the time," he adds.

The Commonwealth Fund recently released a report analyzing results from the 2003 National Survey of Physicians and Quality of Care. The results, published in the April 10, 2006, edition of Archives of Internal Medicine, indicated that although most physicians said they favor patient-centered care, only 22 percent scored high on 11 aspects of patient-centered care, such as same-day appointments, care coordination, team communication and electronic medical records.

The authors concluded that a gap exists between knowledge and practice—between physicians' endorsement of patient-centered care and their adoption of practices to promote it. They also indicated that

to get additional communications training. But a lot of the motivation is coming from physicians themselves.

J. Gregory Carroll, Ph.D., chief executive officer of the Institute for Healthcare Communication (formerly the Bayer Institute) in New Haven, Conn., attributes this to physicians' natural intellectual curiosity. "For many physicians, [communications] is something they had in medical school for about an hour," he says. "It may have been referred to in residency training, but there certainly wasn't much science to it." Now there's a whole body of literature to substantiate the importance of communications.

This emphasis on communications has been a long time coming. "[Communication] hasn't gotten the same play as the clinical pathways and the treatment modalities," says Ms. Baird.

"It's taken us 30 years to get this far," admits Dr. Hatem. He points to the first studies of patient communications that were published in the 1970s. Part of the problem is that studying patient communications isn't a straight line—and conclusions are difficult to come by. There are lots of questions and connections to explore, such as the links between teaching skills and learning them, between learning them and using them, between

financial restraints may hinder smaller practices from adopting some of the practices.

Dr. Hatem says that physicians can alter the ways they communicate with patients to make the encounters more patient centered. Many times a physician will explain the diagnosis and cause of an illness right along with treatment choices. "That's a lot for a patient to take in. Break it into smaller bits, and check in after each bit."

For example, you might say to your patient, "We just went through a lot of information. Can you explain back what I said so I'm sure we're on the same page?"

Another tip is to make your thinking explicit, says Dr. Hatem. He gives an example of a patient who comes in with diarrhea. Certain aspects of the condition may indicate that it may be inflammatory bowel syndrome, and you may want to ask about family history. "But the patient sees that question as an interruption—why are we talking about my family history when I have diarrhea? Explain your thinking, and they'll follow you better."

using them in a controlled situation and using them in the context of busy day. Once communication patterns change, how does that affect the patient? The doctor? Does a satisfied patient get better faster? Do doctors who communicate better provide better care overall? "There are lots of steps to prove along the way," Dr. Hatem says.

But, Dr. Hatem adds, he believes that the "time is right now" for this issue. Communications skills are being tied to patient and job satisfaction, patient safety and medical errors as well as medical malpractice. Researchers are looking beyond communication in a single patient encounter and examining the full spectrum of healthcare communications. They're studying how relationships evolve over time and how these relationships reach beyond the patient to include family and friends. They're researching specific diseases and conditions to see how communication affects outcomes.

"The physician-patient relationship is more studied than other relationships [in healthcare], but the field has expanded and exploded, spreading out into other areas," says Dr. Hatem. "It's really ramping up."

Compliance and Lifestyle Issues

A combination of factors has brought patient communications to the forefront.

One, there are more patients with more illnesses (aging baby boomers, emergent diseases), especially chronic diseases for which adherence is difficult and critical. Only one out of every five healthcare encounters concerns a new illness; the bulk of doctor visits relate to chronic health problems, such as diabetes and hypertension, according to the National Center for Health Statistics. In many cases, patients present with multiple chronic health problems. This requires close management of complicated treatment plans. The chance of medication interactions goes up, as does the chance that patients are trying alternative treatments on the side. Physicians who have an open and trusting relationship with their patients are more likely to understand the true challenges of implementing their recommendations in the patient's daily life and to come up with a plan that works.

"The whole focus of medical care has been on cure and cur-

ing disease," says Dr. Frankel. But now, "Most of what you're dealing with are people who have chronic disease, and the fact of the matter is, it's really about management and quality of life."

"Physician communication or the lack of it is probably one of the most important factors for patient noncompliance," writes Dr. Edward C. Rosenow III, a Columbus, Ohio-based internist, in the August 2005 edition of the Mayo Clinic Proceedings. By taking the time to tell patients about side effects and finding out about how the treatment plan fits—or doesn't fit—into the

Interpersonal Issues Undermine Trust: Study

Trust forms the foundation of the physician-patient relationship. Patients choose a physician because they trust him or her to make sound medical diagnoses, recommend treatment that will benefit them, respect their confidentiality and treat them with dignity. If that trust breaks down, patients may not reveal important details in the medical history and may not follow a treatment plan as directed.

However, trust can be a fragile commodity. According to a survey conducted by Boston's Brigham and Women's Hospital, reported in the Journal of General Internal Medicine in 2002, just one problem in the interpersonal aspect of medical care can undermine trust in the physician. And 78 percent of the more than 2,000 patients surveyed said they had encountered at least one problem.

What kinds of problems affected patients' trust? The survey asked patients the following questions.

Does your physician:

1) give you enough time to explain the reasons for your visit?
2) give understandable answers to questions?
3) take enough time to answer questions?
4) ask about how your family or living situation affects health?
5) give as much medical information as you want?
6) involve you in decisions as much as you want?

Patients who answered "never" or "sometimes" to these questions were less trusting of their physician and more likely to have considered changing doctors than those who answered "always" or "usually." This is particularly true when patients felt that their doctors did not answer their questions adequately or did not give them health information they wanted. The percentage who considered changing physicians rose as the number of complaints rose.

patient's daily life, physicians can greatly increase the chance that the patient will take the medication correctly.

At the same time, there is a growing realization of the importance of lifestyle decisions to overall health and the importance of physician input into those decisions. Results of a study of more than 12,000 obese adults, published in JAMA in 1999, showed that patients were more than three times more likely to attempt weight loss if their doctor advised them to do so. In fact, the opportunity to talk about lifestyle and health may be where the true value of the annual physical lies. Screenings and blood pressure checks may catch a condition in its early stages, but frank talk with the patient about his or her weight, exercise, sexual health and drinking or smoking habits may have a greater impact on overall health and longevity. For example, studies have shown that regular chest x-rays of smokers had little influence on whether a patient dies from lung cancer, but 5 percent of patients quit smoking on a doctor's advice.

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A doctor's perspective on health information becomes even more important as patients are barraged with health information from a variety of sources—some reputable and some dubious. Even educated consumers have trouble sifting through the noise to determine the true risks and benefits of medications, foods, supplements and lifestyle choices. Patients come into the doctor's office with more information and more questions than ever before. How physicians deal with those questions makes a huge impact on patient satisfaction. In a 2004 Harris Interactive Health Care Poll of 2,267 adults, 84 percent rated "Listens carefully to your health care concerns and questions" as extremely important in a physician—above good medical judgment (80 percent) and being up-to-date with latest medical research and treatments (78 percent). In another study, patients who felt that their physician was not giving them adequate information were less likely to trust him or her.

There is also an increased emphasis on improving communications among healthcare organizations as a way to reduce medical errors. According to the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), more than 60 percent of medication errors can be traced back to communication problems. In fact, communication problems may be at

What Patients Want From Their Doctors

Patients say that a physician's interpersonal skills are more important than his or her medical judgment, experience and training, according to a 2004 survey by The Wall Street Journal Online/Harris Interactive Health Care Poll. The survey polled 2,267 adult patients and asked them to rate the importance of qualities of their treating physicians and whether their doctors possess those qualities.

	Extremely Important	Describes Your Doctor Well	Gap
Treats you with dignity and respect	85%	73%	–12%
Listens carefully to your healthcare concerns and questions	84	68	–16
Is easy to talk to	84	69	–15
Takes your concerns seriously	83	69	–14
Is willing to spend enough time with you	81	62	–19
Truly cares about you and your health	81	63	–18
Has good medical judgment	80	65	–15
Asks you good questions to really understand your medical conditions and your needs	79	61	–18
Is up-to-date with the latest medical research and medical treatment	78	54	–24
Can see you on short notice if necessary	71	53	–18
Responds promptly when you call or e-mail with questions or concerns	60	38	–22

Source: Wall Street Journal Online/Harris Interactive Health Care Poll.

the root of many sentinel events.

The Institute of Medicine's 1999 report, To Err is Human, put the healthcare system on notice about reducing medical errors by establishing a "culture of safety." A big part of that is speaking up when something looks amiss. "When people don't speak up," says Ms. Moore of MaineGeneral, "it affects outcomes."

A study called Silence Kills, which was released in 2005 by the American Association of Critical Care Nurses (AACCN) and

Satisfaction and Quality: Two Distinct Measures

The headline in The New York Times seemed to contradict the present course of the medical literature: "Making Patients Happy Doesn't Make Them Well." If that's so, then what's all the fuss about patient satisfaction?

The study by Dr. John Chang and his colleagues at the University of California at Los Angeles measured the technical quality of care for 236 elderly patients in two managed-care systems. They also looked at patients' self-reported ratings of the care they received. They found that a high patient rating did not necessarily correlate with high quality-of-care ratings. However, they did find that high patient ratings were associated with high-quality communications.

The authors concluded that patients' global ratings of their care should not be used as a marker for technical quality of care, but that "comprehensive assessment of quality of care requires measurement of both patient evaluation of care and technical quality." The study was published in the May 2, 2006, edition of the Annals of Internal Medicine.

"The way I take this is that both of these things are important," says Dr. David Hatem, internist at University of Massachusetts Memorial Medical Center and president-elect of the American Academy on Communication in Healthcare. "Patients should be satisfied, and they should have good outcomes. But those two are not the same, and they are not going to be perfectly correlated."

Early in the patient-satisfaction movement, naysayers argued that patients can't comment on the quality of care, so patient satisfaction ratings don't matter. But now studies show that patients who are happy with their care are more likely to follow their doctor's advice. And, if they follow their doctor's advice, one would hope they would be healthier.

VitalSmarts, a corporate training company in Provo, Utah, found that a significant portion of nurses (53 percent) and physicians (81 percent) had concerns about the competency of a nurse or other clinical-care provider, but few of them (12 percent of nurses and 8 percent of physicians) expressed those concerns. Even fewer were willing to speak up when competency concerns involved physicians. Some 35 percent of nurses and clinicians, and 68 percent of physicians, had such concerns, but across the board, fewer than 1 percent had spoken with the offender.

But drawing a straight line from patient satisfaction to health outcomes can be tricky. If a patient doesn't take his antihypertensive medications, the outcome may be that he has a heart attack 10 years from now. By then, it may be difficult to trace back to the patient's dissatisfaction with the physician.

"The more we measure," says Dr. Hatem, "the more we realize that the measures are challenging."

First, let's look at what patient satisfaction surveys measure: whether patients are happy with the care they receive from their doctor. Most patients can't comment on whether they had frequent or sufficiently thorough eye exams, but they can comment on whether they were treated with dignity and respect, whether they had to wait a long time to see the doctor and whether the staff was friendly. Patient satisfaction scores give only one part of the picture.

Similarly, quality-of-care measures look only at the technical aspect of the care. Was the eye exam conducted? Was blood pressure monitored? Under what conditions and how often? In the case of diabetes care, these measures may indicate how often the doctor checked the patient, but not whether the patient has tight control of his or her blood sugar. "I'm given credit for measuring," says Dr. Hatem, "but not for the good control."

On the other hand, he points out, some patients may have more difficulty gaining control of their diabetes because of other factors in their lives, such as poor socioeconomic status, co-existing conditions or low social support. In that case, he says, physicians shouldn't be penalized for taking care of patients who have multiple challenges.

"The measurement of these things is in its infancy," says Dr. Hatem. "You have to communicate well, and you have to provide quality care. The goal is absolutely to do both."

Coordinating care between specialists can be especially difficult in today's fragmented healthcare system, in which a patient may see a physician at one hospital for a chronic heart condition and a different doctor at another hospital for a thyroid problem. Another IOM report, Crossing the Quality Chasm, called on clinicians and patients to "communicate effectively and share information" and for clinicians and institutions to "actively collaborate and communicate to ensure an appropriate exchange of information and coordination of care."

The medical malpractice crisis has also done its part to push communications issues into the forefront. Study after study has shown that how a physician talks to his or her patients is more likely to result in a lawsuit than what they say or the technical quality of the care. Dr. Hatem points to one study in which physicians were recorded talking to patients. The audiotape was

Can We Talk About This?

For the survey Silence Kills, released by the American Association of Critical Care Nurses and VitalSmarts in January 2005, more than 1,700 healthcare professionals, including nurses, physicians, clinical-care staff and administrators, were interviewed. The survey found that 80 percent of physicians interviewed had a concern about the basic skills, clinical judgment or current knowledge of at least one nurse or doctor that they worked with. But only 10 percent said that they would confront a nurse about the problem—and almost no physicians would confront another physician about perceived incompetence. In some cases, these problems go on for years without anyone's dealing with them directly.

Many organizations are deciding, as MaineGeneral did, that "it's time to do things differently," says Martie Moore, R.N., senior vice president of patient services for the Kennebec Valley-based health system. When MaineGeneral implemented a program to teach staff communication skills, it "helped people talk about anything with anyone," she says. "When you can bring up tough subjects between power levels and create a shared purpose with a mutual goal—improved patient care—those skills are transferable to patient communications."

Since implementing the program, physicians, staff and patients are all expressing greater satisfaction with the care that is being provided at the hospital, Ms. Moore says.

altered so that the words were not understandable, but the tone came through loud and clear. Researchers then rated the doctors' tone and looked at their rate of malpractice suits. Those who were rated more paternalistic or domineering were more likely to have been sued.

Time Pressures

But while communication is more important than ever before, it may also be more difficult. "There may be more challenges than before," admits Dr. Hatem, "as time is more pressured, as patients are sicker, as more conditions are treated on an outpatient basis with 15-minute appointments."

Compound these factors with the increasing burden of regulation. Physicians, nurses and other staff are dealing with a stack of policies and paperwork and a big roll of red tape. Federal, state and local governments heap on the regulations, and managed-care organizations add their own layer of requirements and policies. No matter how well-intended some of those regulations may be, the mound of paperwork can come between physicians and their patients.

"For every 20 minutes I spend with a patient, I can spend another 15 to 20 minutes on paperwork or waiting on hold with the insurance company or Medicaid/Medicare to allow us to go through with plans for their care," says Dr. Cathy McCray, a family physician in Fulton, Mo. "Just think how much patient satisfaction would rise if we were able to spend that extra time communicating with the patient."

The expanding base of medical knowledge—new therapies, new discoveries that explode established theories of illness—presents its own challenges. These developments, while exciting in their potential to help patients, mean that physicians must continually review the literature and hold more in their heads than ever before. As patients look to complementary and alternative medicine, many physicians feel a need to add some basic knowledge of those areas to their knowledge of general allopathic medicine and their specialties. "It occupies a physician's thinking," observes Dr. Hatem.

Many physicians are also dealing with a much more diverse patient population. Even rural areas—which were once quite

homogeneous—are seeing an influx of newcomers from different cultures and backgrounds. Physicians and their staff need to be ready to deal with other languages, cultures and backgrounds.

"We have a larger immigrant population—especially Hispanic—than ever before," explains Bill Smith, Ed.D., executive vice president of the Academy of Educational Development in Washington, D.C., who served on the IOM's committee on health literacy. "There are more second-language speakers in America now—and in more parts of the country."

Then there is the computerization of medicine, another aspect

Communication Needs Across Cancer Continuum

There are four different stages in the cancer continuum: prevention, early detection, treatment and survivorship. Communication plays an important role in each stage, but the focus of the communication changes.

In the prevention stage, for example, people aren't necessarily looking for information. At that point, the physician and healthcare organizations need to push health messages to consumers about avoiding risk factors, such as not smoking, eating a healthy diet and getting regular exercise. The situation is similar during the early-detection stage—the system is pushing information to consumers to urge them to seek appropriate screenings for early signs of cancer.

In these stages, the task for the physician and the healthcare system is to make sure the messages sent on these subjects are clear and consistent. "Which, by the way, we're terrible at," says Bradford W. Hesse, Ph.D., chief of the Health Communication and Informatics Research Branch for the National Cancer Institute, pointing to the contradictory studies that are reported in the media.

However, things change when a cancer diagnosis is delivered. Then, the patient actively seeks information. "At this point, the patient wants to pull information," says Dr. Hesse. "I want to talk to my doctor; I want to go to the Web; I want as much information as I can suck into my life." The healthcare system needs to respond to the patient with evidence-based information that's presented in clear, jargon-free language with empathy and sensitivity.

The final stage is survivorship, when cancer becomes "a kind of chronic condition that lasts a lifetime," says Dr. Hesse. At this stage, patients may be dealing with other conditions as well and they may need gentle monitoring and reminding to continue follow-up appointments as appropriate.

of the industry that has great potential to benefit physicians and patients. But it's also a new skill to learn and to integrate effectively into practice. "Technology is another challenge," says Dr. Hatem. "A physician who is looking at the computer screen is not looking at the patient."

Meanwhile, physicians and other healthcare professionals are desperately trying to have a life in addition to a rewarding profession. "Many physicians struggle with issues of balance, how to balance their emotional involvement and how to balance their time in patient care versus tending to their families," Dr. Frankel explains. "Although it may not seem like a communication issue, it is."

Dr. McCray agrees. "Every day it seems like I'm making a choice between a family obligation and a patient need," she says.

And although physicians may face more challenges than ever before, there's more reason than ever for stepping back and focusing on the human relationship in medical care—as well as other aspects of life.

"There is a lot that physicians have to keep up with," says Ms. Baird. "We're all on information overload, and we're packing more into our day than ever before. I think all of us have to get back to the basics on communications and human relations."

"It's a pressure cooker that we're all in," adds Ms. Moore, "with the regulatory climate, longer hours, managed care, disproportionate pay for primary care. Physicians are seeing five to six more patients a day. It's time to do this differently."

Improved communications are a great place to start.

Beyond Customer Satisfaction

When marketers measure customer satisfaction, their prime concern is making sure that customers come back to their place of business and perhaps recommend the business to a friend. It's all about keeping the business going and growing.

But in medicine, patient satisfaction is more than that. Sure, you want the patient to come back, especially if follow-up care is needed. And it's great when patients recommend you to their friends. But patient satisfaction goes much farther than growing your business—it can mean better care.

"Patient satisfaction is an intermediary step," says Dr. Hatem.

"If [the patient is] more satisfied, he or she is more likely to follow directions." He points to statistics that show that half of all medications are taken incorrectly. This leads to relapse, overdose, interactions and other complications that cost the healthcare system more than $100 billion per year.

The satisfied patient is more likely to stick with his or her physician, resulting in greater continuity of care, which has also been linked to better health outcomes. And if patients are satisfied with their physicians, physicians have fewer stressful encounters with patients. Better outcomes and less stress add up to greater job satisfaction for the physician.

"Patients are much more likely to comply if they have a good relationship with their physicians," says Ms. Baird. "And a good relationship requires trust, and trust requires good communication."

Compliance is not the only area that improves when patients feel good about their physicians. This feeling also impacts early detection of illnesses.

"It has a lot to do with trust and what you're willing to tell or not tell somebody," agrees Dr. Frankel. "In terms of catching something early, of detecting a condition at the early stages, trust is one of the major components that lead to better outcomes and more satisfying outcomes."

Improving patient satisfaction is not a popularity contest. It's about taking the time to know the patient and to develop a "patient-centered practice." By planning with the patient, rather than dictating in a paternalistic manner, physicians can have a huge impact on how effectively patients deal with their condition. In chronic conditions, such as diabetes and hypertension, that can mean a world of difference in terms of outcomes.

Moira Stewart, Ph.D., professor of family medicine at the University of Western Ontario and a leading researcher in the field of patient communications, has tried to "tease out" what part of patient-centeredness made a difference in outcomes. She taped patient encounters and asked researchers and patients to rate the physician on how patient-centered the doctor was. Then she looked at outcomes and correlated the data. Patients were most likely to have better outcomes when they

indicated that they understood what their doctor said and when they agreed with the treatment plan. In short, they reached common ground.

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And if patients are satisfied with their physicians, physicians see their patients get better; they also have fewer stressful encounters with patients. Better outcomes and less stress add up to greater job satisfaction for the physician.

"I think we all need a connection to a purpose," says Ms. Baird. "That's vital to us as human beings. And at the end of their work day, if physicians can say, 'I think I made a difference today,' their satisfaction goes up as well."

Dr. Hatem says that job satisfaction can link directly to patient communications. "If you're dissatisfied with your practice, take a look at whether patient visits aren't going well," he suggests. "Efficiency pressures are leading to burnout, and improving communications may help doctors feel good about at least that aspect of their practice again."

The Bottom Line

Let's face it: there are also financial reasons for improving patient communication and satisfaction.

Satisfied patients are loyal: they keep coming back, and they recommend you to their friends. That builds your business in the most cost-effective way—better than any four-color, glossy brochure or a Website with the latest in flash graphics.

When patients are satisfied, staff members also express increased job satisfaction. Satisfied staff members stay on the job. "Everyone wants to be on a winning team," says Ms. Baird. "When you achieve your goals, that creates a better sense of teamwork and ownership for the staff."

That cuts down on staff turnover, saves advertising and training costs and builds a stronger healthcare team. It also is an automatic recruitment tool for qualified nurses, says Ms. Moore, pointing to the ongoing nursing shortage. "The organization that promotes a healthy culture is where nurses want to work."

National healthcare leaders are also looking at the bottom line for the country's medical expenditures. Although the United States spends more per capita on healthcare than any other country, a survey released by the Commonwealth Fund in April 2006 found that patients rated that care quite poorly in terms of equity, efficiency, patient-centeredness and patient safety (*see table below*). The authors concluded that the United States could do a lot better on these aspects for the amount of money it is spending. The only category in which patients rated the U.S. first was in the area of effectiveness, which the researchers defined as patients' use of preventive-care services, management of chronic conditions, primary-care services, and hospital care and coordination.

"While it is heartening that the U.S. ranks first on measures of effectiveness, the low rankings of the U.S. in other dimensions of quality of care are particularly disturbing considering we lead the world in healthcare spending," says Karen Davis, Ph.D.,

International Rankings and National Health Expenditures

	AUS	CAN	GER	NZ	UK	US
Overall Ranking	**4**	**5**	**1**	**2**	**3**	**6**
Patient Safety	4	5	2	3	1	6
Effectiveness	4	2	3	6	5	1
Patient-Centeredness	3	5	1	2	4	6
Timeliness	4	6	1	2	5	3
Efficiency	4	5	1	2	3	6
Equity	2	4	5	3	1	6
Health Expenditures per Capita*	$2903	$3003	$2996	$1886	$2321	$5635

Note: 1=highest ranking. 6=Lowest ranking.
*Health expenditures per capita figures are adjusted for differences in cost of living. Health expenditures data are from 2003, except UK data (2002).

Source: B.K. Frogner and G.F. Anderson, Multinational Comparisons of Health Systems Data, 2005 (New York: The Commonwealth Fund, Apr. 2006).

president of the Commonwealth Fund. "Contrasting the experiences of patients in the U.S. with those in other countries provides evidence that it is possible to provide care that is more efficient, effective, safe, patient-centered and equitable.

Last but—in this legal climate—certainly not least: Better patient communication and higher patient satisfaction ratings are associated with fewer malpractice suits.

Insurance companies, hospitals and even state licensure boards are paying attention to these studies. They have a vested interest in bringing down the number of malpractice cases. And they're passing that along to physicians. Some malpractice insurance companies are offering discounts to physicians who take courses in patient communications. A couple of states require CME courses in risk management—and patient-communications courses fall squarely in that category—as a prerequisite for renewing a medical license.

So while the hospital or managed-care company that measures patient satisfaction may have its own motives for collecting that data, physicians can learn from it, too. And patients can benefit from the steps taken to improve satisfaction on all parts.