

Hyper**tension** or Hyper**active**?

by Tom Walsh

A new toolkit helps doctors and patients better communicate with each other.



It's never been easy to be a doctor. And today it may be more difficult than ever before.

Recent studies show that almost half of all adult Americans—more than 90 million people—have trouble understanding and acting upon healthcare information. And this lack of health literacy costs the nation's health-care system an estimated \$50 billion to \$73 billion a year in wasted spending.

The nation's doctors have begun to understand that if this problem is to ever be solved, they will need

to redouble their efforts to communicate as clearly as possible with their patients.

“Communication, essential for the effective delivery of healthcare, is perhaps one of the most powerful tools in a clinician's arsenal,” writes the American Medical Association (AMA), the nationwide organization that represents doctors and medical students. “Unfortunately, there is often a mismatch between a clinician's level of communication and a patient's level of comprehension. In fact, evidence shows that patients often misinterpret or do not understand medical information given to them by clinicians. This lack of understanding can lead to medication errors, missed appointments, adverse

medical outcomes, and even malpractice lawsuits.” The AMA adds, “Clinicians can readily improve their patient’s understanding of healthcare information by adopting a more patient-friendly style.”

Rhode Island situation is serious

In Rhode Island, this situation is particularly serious. A 2002 report by the Nellie Mae Foundation found that 47 percent of adult Rhode Islanders—estimated to be about 368,000 people—lack basic literary skills. That was the highest percentage in New England.

This is startling data. Coupled with doctors’ needs for additional skills to use in communicating clearly with patients who come from increasingly diverse cultures, it is a recipe for medical problems.

The Rhode Island Health Literacy Project (RIHLP), a coalition of the state’s top healthcare, government, and educational organizations, has come up with a new toolkit for the state’s doctors. *Better Communication for Better Care: A Health Literacy Toolkit for Physicians* is an effort to provide assistance to doctors in their day-to-day conversations with patients.

“Our objective was to achieve better communications between patients and doctors,” says Lori Quaranta, Assistant Vice President for Quality Management Operations at Blue Cross & Blue Shield of Rhode Island (BCBSRI) and head of the RIHLP Steering Committee. “We hope that will result in higher treatment compliance, fewer medical errors, and better use of healthcare services by patients.”

Quaranta says that an informal panel of about 15 Rhode Island doctors helped the RIHLP to fashion the physician’s toolkit. “We asked them what we could give them to make their jobs easier,” she says.

“I think the toolkit is going to help, in terms of health literacy,” adds James

Forty-seven percent of adult Rhode Islanders—estimated to be about 368,000 people—lack basic literary skills.



Burrill, M.D., a BCBSRI Medical Director who has worked with the RIHLP on the toolkit project.

How should you say “hypertension”?

In their routine conversations with patients, doctors are now becoming increasingly aware of how easy it is to miscommunicate. For example, the AMA cites words such as “hypertension” that patients have been found to translate as “a state of behavioral hyperactivity” rather than what it actually is—high blood pressure.

Helen Osborne, a Massachusetts-based health literacy consultant, writes in her most recent newsletter of a doctor who asks a patient, “Do you have any questions?” The patient shook her head, indicating that she did not. “While the provider might assume this response means he did a good job communicating, the patient may think this is a polite way of not saying how confused she really is,” Osborne writes.

Feedback has been positive

One of the most difficult discussion topics for patients and their doctors is that of advanced directives—the process of planning for future medical care in the event that the patient is unable to make his or her own decisions. The RIHLP physician’s toolkit provides doctors with a wealth of information and tips about how to approach this sensitive issue.

“We’ve heard some doctors say they have no problem discussing advance directives with their patients,” Quaranta says. “However, many others conceded that they find these conversations very challenging because they are trained

to keep people alive, while this means talking to them about end-of-life issues. So far, the feedback on this has been very positive. They feel our approach on this is very worthwhile.”

Dr. Burrill also believes that doctors will welcome this toolkit. In addition to being a BCBSRI Medical Director, he is a geriatrician (specializing in the care of older patients) who maintains a part-time private practice in Woonsocket and teaches at Brown Medical School. “The whole discussion of advance directives can be difficult,” he says. “Oftentimes, this life and death discussion is made at the last moment rather than during a routine office visit. Far too often, the initial starting point takes place in the emergency room of a hospital when the patient is critically ill and by a doctor unknown to the patient and or family. Ideally, these advance directive discussions should take place between the patient and their primary care physician. The toolkit will help to promote the idea among doctors to discuss this issue sooner rather than later. And, it will give the doctor tools to better facilitate this discussion.”

Electronic availability a goal

The RIHLP physician’s toolkit is being readied in hard copy for distribution to doctors, Quaranta says. She says first copies would probably go to specialists who work with the chronically ill, Medicare patients, and primary care doctors. However, she adds, the goal is to eventually make the toolkit available to doctors by downloading it from the Rhode Island Health Literacy Project Web site at www.rihlp.org. ■