Mi-CCSI Center for Clinical Systems Improvement

Patient Advisory Committee
Input on Communication

1. **Question: What are the important elements of communication when you are seeking care with your PCP/care team?**

Patient Communication to the Care Team	Healthcare Team Communication with the Patient	Mutual Responsibilities
Truthfulness and full disclosure	Provide the patient with information prior to the appointment	Trust • Based on establishing an effective report
Have an advocate present when sensitive or complicated care/ questions are anticipated	Be prepared for the visit • Review the medical record, forms filled out, specialist reports, etc. • Note any changes/updates – convey you have reviewed the records	
Prepare for the visit – write down what you want to discuss	Start with, "Why are you in today/what is the main concern" • Be prepared to offer an opinion/give advice	
Review information provided at the visit - ask for clarity before you leave	Be respectful • Listen • Eye contact • Repeat key points	
Inquire on impact of new care recommendations and plans for communication if you are receiving care from multiple providers/treaters	Conduct care coordination • Integrate the plan of care when multiple providers • Anticipate and be familiar with available resources	
	Review written materials (including the care plan) with patients • Don't just hand it to them	
	Ask and provide options for treatment • give choices when possible	
	If referencing the patient to a portal • Ensure a response protocol is in place • Explain how the care team manages the portal; i.e. – how often does the practice review information on the portal, when can the patient expect a response, etc.	
	Provide access to a team member for questions/concerns with a prompt response (need not be the provider)	

2. Identified communication "don'ts" for the care team

Act rushed – patients' sense anything that conveys the care team/provider is in a hurry. The result - patient not wanting to "waste" the care teams time and therefore less likely to fully describe or volunteer information that could be helpful/important.
Jump ahead to conclusions – not "bringing the patient along" can result in frustration. The patient's opinion needs to be heard and reconciled. If not, there could be a negative impact to include the level of confidence of the recommendations.
Allow information technology to be intrusive – this can make the patient feel as though the patient/provider interaction is not the focus of the visit
Act distracted – be conscious of interpersonal signals such as eye contact, affirmation, reflective listening, and summarizing.
Let the business/bureaucracy side of healthcare interfere – the visit is about the patient – not the care teams issues or politics
Provide irrelevant or contradictory information – avoid use of generalized information, guidance or materials if the information is not relevant or wanted. In reverse, make sure any prescriptions or instructions are compatible with that given by other providers.
Fail to obtain and integrate all information results, etc. from other providers/treaters – If the patient is put into the position of the care coordinator between providers/specialists/treaters they feel "on their own" and ill-equipped.

3. Communicating the Care Plan: The care plan fits how health care has evolved from a paternalistic model to a customer and participatory model; also, there is an overwhelming amount of medical knowledge today – no one person, even the family physician, can know it all. The care plan facilitates communication among members of the team, which includes *the patient.*

Helpful	Not So Helpful	Benefits of the Care Plan
Ask about my goal(s)	Just handing the care plan to the patient without discussion/review	Setting goals with the patient • Spells out expectations • Provides clarity and purpose • Empowers and incorporates accountability on all (provider, CM'er, patient) • Coordinates care
Individualize the care plan to the patient situation/goals	Lack of coordinating multiple condition/diagnosis, particularly when there are multiple specialist • Leaves the patient with the feeling they are "on their own"	Provides a problem-solving approach • Barrier recognition and • Options to overcome the barriers

4. **Care Plan (CP) Content: The PAC reviewed numerous care plan examples and recalled specific design elements from CP's they had received or seen. The table below is the PAC's guidance on care plan structure.**

Define the goal(s) – the number of goals should be agreed upon by the patient and the care team	Realistic	**"**Patient goal" as told/expressed by the patient	Goal can be medical, risk factor or quality of life aspect	Monitored, updated and noted when achieved – this can be motivating	Clarify the goal(s) vs the action steps leading to the goal
Offer ratings: Two were identified (importance & confidence)	Provides the patient with an opportunity to prioritize and address ability	Rate the importance of the goal to the patient	Rate the level of confidence the patient has in achieving the goal		
ID Challenges	List pertinent challenges that would need to be addressed or overcome to achieve the goal	Patients prefer the term "challenge" over "barriers"			
Define next steps	Differentiate between a broad goal and a second level of steps or objectives	Many goals may have to be achieved incrementally through a series of short term steps	Provide a table below the defined goal with a list of the challenges and next steps.	For each step listed provide a space for any critical resources or actions needed	List the desired outcome of the next steps
Define action plan(s)	Details of the action plans may contribute significantly to patient compliance	Include in the action plan the "who, what, and how" details	Patients liked wording that seemed to be in alignment with the "patient voice" • What am I going to do? • What will get in the way? • How will I overcome this? • What support do I need?		
Provide a calendar or schedule for next steps/action steps	A calendar/schedule listing progress can act as a recorder and motivator	Patients with technical preference may want to do this via portable devices			