Informed Consent and Expectation Management

A Case Study
Informed consent?

• Diversity of healthcare consumers
  – Ethnicity/Culture
  – Gender
  – Age
  – Education
  – Language
  – Emotion
  – Disability
Informed consent?

• Complexity of medical tests/procedures
• Inconsistencies in treatment/procedures
  – Geography, specialties, managed care
• Specific patient history, body
How do you obtain real informed consent when you cannot truly predict what will actually happen?
Provider Challenges

- Amount of time to spend with patients
- Unreimbursed ‘education’
- Inconsistent resources
- Costly resources
- Fear of litigation
“Information is considered to be data (facts) presented in a context that allows them to be meaningful to the listener.”

Strategies to help patients understand risks, Paling, BMJ 2003; 327:745-8
Patient Challenges

• Inability to remember or understand information from physician
  – Impact of stress, fear
  – Communication style of provider

• Bias to focus on benefits
Patient Challenges

• Impact of social beliefs on receptivity to treatment/care
• Learning orientations
  – Auditory
  – Visual
  – Kinesthetic
  – Mixed
“Patients just extract ‘gist’, not detail, for decisions, while the assessment of risks are primarily determined not by facts but by emotions.”

Strategies to help patients understand risks, Paling, BMJ 2003; 327:745-8
Healthcare Literacy

- Communication breakdowns
  - Root cause of over 3,000 sentinel events
    - 65% of all reported events
  - Cited as motivator for malpractice litigation
  - Traced to 8% of OR cancellations
    - Inability of patient to properly prepare pre op
“Risk perception is affected not only by individual factors such as patient’s sex, prior beliefs, and past experience, but also how the risk information itself is presented.”

Healthcare Literacy

• The signing of the informed consent form:
  – Written in higher education level than average patient education
  – 44% admit to not knowing nature of procedure or test
  – Over 60% admit to not reading and/or understanding the form

What Did The Doctor Say?: Improving Health Literacy to Protect Patient Safety, JCAHO 2007
Healthcare Literacy

• It is estimated that nearly half of all American adults

90 million people

have difficulty understanding and acting upon health information.
Healthcare Literacy

• The U.S. Department of Education found that:
  – 43% of adults have basic or below-basic reading skills -- they read at roughly a 5th grade level or lower.
  – 55% of adults have basic or below-basic quantitative abilities; many are unable to solve simple arithmetic problems, including addition.
Healthcare Literacy

In a study of Medicare patients, it was found that:

– 48% did not understand “take medicine every 6 hours”
– 68% could not interpret a blood sugar value
– 27% could not identify their next appointment
– 27% did not understand “take medicine on an empty stomach”
Cost of Healthcare Illiteracy

• Institute of Medicine:
  – found that the U.S. health care system spends an average of $993/yr in excess hospitalization expenses for every patient with low health literacy

• The National Academy on an Aging Society:
  – estimates the annual cost of poor health literacy to be $73 billion.
Case Study
Objective

- Explore patient responsiveness when presented with an online educational tool option and to develop level of engagement in their medical care/treatment
Method

• 2,400 patients presented with tool
• Chosen areas:
  – Gastric bypass
  – Total hip replacement
  – Colonscopy
Gastric Bypass

- Elective procedure
- Outcome focus
- Need for ‘patient plus’ involvement
- Private pay/consumer driven
- Significant morbidity/mortality
- Significant post op accommodations
Total Hip Replacement

• Elderly population
  – Memory challenges
  – Low computer literacy
• Non-elective/indemnity paid
• Significant post op accommodations
• Need for ‘patient plus’ involvement
Colonoscopy

- Cancer screening diagnostic
- Unpleasant/significant preparation
- Most frequently cancelled procedure
- Procedure is low risk/high benefit
Educational Tool

- Interactive program
- Web-based
- Patient focused
- Clinical best practices
Findings

• Over 80% of patients felt:
  – Online tool enhanced their understanding of what to expect
    • Details of procedure/treatment
  – More informed
    • Risks, benefits, pre/post op responsibilities
  – Compelled to share it with family/friends
Findings

• Patients felt that they better understood risks (compared to physician’s communication)
  – Visual and auditory approach
  – Basic information on risks expanded from that typically presented in physician’s office
Findings

• Patients felt that they had questions answered
  – Patient determines time to absorb information
  – Information could be re-reviewed as needed
  – Allows time to contemplate own history
  – Addresses ‘embarrassing’ questions
Findings

• Patients wanted to share the information that they learned with family/friends
  – Over 90% shared program
  – Appreciated ability to ‘involve’ family/friends in care, including expectations of pre and post op needs
  – Became advocates for process, their procedure and/or their physician
What can you do?

Practical Solutions
Solutions

• Patient decision aids
  – Illustrations
  – On line tools
  – Multi language forms
  – Telephone tutorials

• Reimbursement for educational services

• Medical malpractice premium discounts
What Can You Do?

• Research facility population
  – Education level
  – Languages
  – Literacy level

• Diversify presentation of information
  – Online/hardcopy/recordings/resource staff

• Incorporate visual/auditory tools
  – Graphics & Universal symbols
  – Teach providers how to draw
  – Create handouts for easy use
Plain Language

• Communication an audience can understand the first time they read or hear it, using:
  – Logical organization
  – Jargon free word choice
  – Active voice
  – Short sentences
  – Common, everyday examples

www.plainlanguage.gov
According to the AMA: The majority of people with low literacy skills are white, native-born Americans

http://www.springnet.com
What Can You Do?

• Enroll physicians in communication courses:
  – Quality Interactions, Blue Cross/Blue Shield, FL
  – 4 month communication course, ProMutual of Mass

• Compare patient participation in efforts with satisfaction scores, outcome measures

• Communicate efforts to payors, excess carriers
What Can You Do?

• Share the patient experience
  – patient ‘journeys’, Dartmouth New Haven’s website

• Communicate clearly, objectively and frequently
  – Kaiser brochures:
    • Restrooms, hallways, cafeteria, elevators
General Surgery Patient Journey

Day of Surgery

Patients who come to DHMC for procedures or surgery done by a general surgeon typically follow the journey below. It explains how things go on the day of surgery.

Click on each step in the diagram for more information.
Support in the Market

• Malpractice Providers
  – Northwest Physician Mutual
    • Patient Safety Credits
    • Premium Discounts
  – OHIC
    • Subsidize Cost of Tools
    • Premium Discounts
Recognition of Benefit

- Captives (need specific Info)
Recognition of Benefit

• Endurance Risk Mitigation Recognition program
  – Participate in 9 key elements to receive upwards of 5% discount on premium
  – Elements focus on enhancement of safety and communications practices
  – Actions include
    • JCAHO or CMS Recognition
    • Participation in programs like Leapfrog
    • Use of Emmi programs
Summary

Informed consent requires appropriate communication tools to be effective; Communication (good or bad) genuinely affects the patient experience; Providing communication tools allows for increased:

- patient engagement
- patient satisfaction
- and ultimately, better outcomes
Thank you.

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