Patient Centered Audiology:
It’s a lot more than individualized treatment

Mitchel B. Turbin PhD
WELCOME TO PORTLAND

And a little about me
Not to preach to the choir!

PATIENT-CENTERED CARE:
Perhaps can help facilitate changes in audiology
Patient-centered medicine is what the *other doctors* talk about…those at the top

And some actually *do*—
As do some audiologists!
Heart of Patient-Centered Care

<table>
<thead>
<tr>
<th>PRINCIPLES</th>
<th>GOALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Focus on <strong>illness experience</strong> not just disease</td>
<td>• Whole person care, not impaired ears</td>
</tr>
<tr>
<td>• Clinician communication skills encourage opportunities for patient input</td>
<td>• Accept <strong>patient choice</strong></td>
</tr>
<tr>
<td>• Decision process emphasizes <strong>partnering</strong>: doctor and patient each experts in their own domain</td>
<td>• Encourage <strong>patient responsibility &amp; self-management</strong> of hearing loss</td>
</tr>
<tr>
<td></td>
<td>• Enhance <strong>doctor &amp; patient satisfaction</strong></td>
</tr>
</tbody>
</table>
HOW I DISCOVERED PATIENT-CENTERED MEDICINE

A PERSONAL TALE
Carl Rogers
“On Personal Power”

“It is not that this approach gives power to the person; it never takes it away.”
Does the hearing aid dispensing process take power away?

- Who chooses a patient’s hearing aids?
- Does the patient feel they have input?
- Do they leave the dispenser’s office ready to manage their own hearing problems?
- Or think the audiologist and hearing aids “fixed their broken ears”?
- Patients do want your expertise
- But do they lose sight of their own capabilities?
MINDFULNESS

- “Practice self-awareness and self-control.”

Frederick W. Platt & Geoffrey H. Gordon,


○ **CAUTION:** Work environments may bias toward *hierarchical relationships*
David Luterman

- Classic text “Counseling Persons with Communication Disorders and their Families”
- Writes about his own evolution from Dr. Luterman, the professional in his suit and tie to David, who dressed and spoke with the people who came to him as one person to another.
- So how do you relate to your “patients”?
Values Clarification Exercise

- Do you feel it is your professional role to make all the important clinical decisions when practicing rehabilitative audiology?
- Or is the patient the final arbiter of clinical decisions?
- How does the idea of working with your patients as equal partners fit your professional value system?
- Do objective audiometric findings outweigh your patients’ subjective preferences and values?
Institute of Medicine—
Patient-Centered Care as a US National Health Care Priority

- “Crossing the Quality Chasm: A New Health System for the 21st Century” (2001)
- IOM Committee on the Quality of Health Care in America: steps needed for substantial improvements in American health care for all citizens
- Core goals & rules: safety, efficiency, evidence-based treatment, equitable provision of care, collaboration etc
- And patient-centered care
Selections from the *IOM Executive Summary*

“Patient-centered:
Care is respectful of and responsive to individual patient preferences, needs, and values, …ensuring that patient values guide all clinical decisions.”
“The patient is the source of control.

Patients should be given the necessary information and opportunity to exercise the degree of control they choose over health care decisions that affect them. The system should be able to accommodate differences in patient preferences and encourage shared decision making.”
“Care is based on continuous healing relationships.

Patients should receive care whenever they need it and in many forms... health care systems must be responsive at all times, and access to care should be provided over the Internet, by telephone, and by other means, in addition to face-to-face visits.”
“Preparing the workforce:

Health care is not just another service industry. Its fundamental nature is characterized by people taking care of other people in times of need and stress. Stable, trusting relationships between a patient and the people providing care can be critical...the importance of adequately preparing the workforce to make a smooth transition into a thoroughly revamped health care system cannot be underestimated.”
Are Audiologists evaluated on patient-centered communication skills during *training*, and *hiring*?

Contrast: Accreditation Council on Graduate Medical Education (ACGME) Outcome Project: provides both examples and requirements for clinician communication skills
Research in Patient-Centered Medicine

- Brody et al (1989): primary care physicians-
  - Educating, negotiating and counseling predicted patient satisfaction; examinations, tests or prescribing medication did not.
  - Physician satisfaction highly associated with their perception of quality of doctor-patient relationship

- Wasserman et al. (1984): correlates of medical outcomes-
  - Physician empathy correlated with patient satisfaction with visit and reduction of concerns. Reassurance and support had no relation to medical outcomes
Research in Patient-Centered Medicine

- Stewart et al. (1995, 2003): reviewed the literature on physician communication-
  - multiple studies found correlations between effective physician-patient communication and outcomes of emotional health, symptom resolution, functional status, physiological measures and pain control

- Levinson et al. (1997), Coulter (2002): studies on patient-doctor conflict-
  - Strong association between lack of effective doctor communication skills & medical malpractice suits
Greenfield et al (1985): effects of coaching patients for 20 minutes about how to work with their doctors-
  - intervention enhanced patient participation, improved biomedical and behavioral outcomes in patients with hypertension, diabetes and ulcers
Research in Patient-Centered Medicine

Stewart et al: 6 Components to Patient-Centered Care

1. Doctor’s exploration of *both* the *disease* and 4 aspects of the *illness experience*:
   - Patients’ feelings about being ill
   - Ideas about what is wrong
   - Impact of problem on daily functioning
   - Expectations about what should be done
2. Doctor’s understanding of the whole person
3. Doctor and patient finding common ground regarding management/treatment
4. Doctor incorporates prevention and health promotion into care
5. Enhancement of doctor-patient relationship
6. Patient-centered practice must be realistic
Methodology

- 39 family physicians randomly selected in Canada
- 315 of their patients participated
- Sessions were audiotaped and rated on patient-centeredness by experts
- Patients filled out a questionnaire that rated their physicians on patient-centeredness, visual scale of discomfort, and SF-36.
- Additional outcomes measured by chart review.
Results

- Total score in patient-centeredness & “finding common ground” found to be salient patient-centered factors
- Associated with outcomes:
  - Better recovery from discomfort & concerns
  - Better emotional health 2 months later
  - Fewer diagnostic tests and referrals
Patient-Centered Care: The 4 Habits Model

1. **INVEST IN THE BEGINNING**

   - **Doctor Behaviors**
     - Greets patients warmly, asks how to address (first name or last name)?
     - Uses open-ended questions, minimum of interruptions or closed ended questions
     - Encourages discussing full range of concerns

   - **Payoffs**
     - Access to real concerns
     - Facilitates negotiation
     - Reduces conflict
2. ELICIT THE PATIENT'S PERSPECTIVE

- **Doctor Behaviors**
  - Explore patients’ understanding of problems
  - Ask what patients hope to get out of the visit.
  - Show real interest in how problems affect patients’ lifestyle (work, family, daily activities)

- **Payoffs**
  - Improves identification of personal issues
  - Increases patients’ sense of control, equal partnership
3. DEMONSTRATE EMPATHY

- **Doctor Behaviors**
  - Clearly accept and explore patients’ feelings
  - Nonverbal behaviors express interest, concern and connection, e.g. eye contact, voice tone, body orientation

- **Payoffs**
  - Adds depth to treatment
  - Builds trust, leading to better adherence and outcomes
4. INVEST IN THE END

- **Doctor Behaviors**
  - Relevant & clear information for patients
  - Check treatment acceptance, negotiates
  - Check barriers to implementing treatment plan
  - Effectively test patients’ understanding
  - Concrete, specific plans for follow-up

- **Payoffs**
  - Less unnecessary return calls & visits
  - Increases collaboration
  - **Encourage** patient self management of health
KRIS ENGLISH, University of Akron and AAA: 2007 Pilot Study Poster: Evaluation of Training in Patient-Centered Audiology

Four Habits Rubric in Training AuD Externs

Methods

- 43 preceptors and 41 Fourth Year externs
  - Teaching one “habit” per week
  - Questionnaires collected from both groups
Four Habits Rubric

- See handout
- Charts on next five slides:
  Strongly agree/Agree/Neutral/Disagree/Strongly disagree
  Left column—preceptors
  Right column—externs
Q1: The time needed to work with the *4 Habits Coding Form* was reasonable.
Q2: Concepts in *4 Habits Coding Form* are relevant to audiologic practice.
Q3: The 4 Habits format provided a helpful framework to discuss communication skills.
Q4: Using the *4 Habit Coding Form* helped externs improve communication skills.
Q5: I will use the 4 Habits Coding Form with externs in the future.
Patient-Centered Communication Programs in Australia


Two programs for seniors with hearing loss:

- For hearing aid users—*Active Communication Education (ACE)*
- For non-hearing aid users—*Keep on Talking (KOT)*.
- Both had five 2 hour long meetings based on health promotion
KOT Participants picked goals of improving: motivation for communication, conversational skills, understanding hearing loss and hearing aids.

KOT graduates can become volunteer facilitators for future group sessions.
Hickson & Worrall (cont’d)

- ACE “client’s difficulties are not viewed in isolation, but are considered in the context of the society in which he or she lives, and... decision-making is shared between client and clinician.” (page 2S 89)

- Clients select issues from own life, problem solve, rehearse solutions to use in real life.

- Pilot study of ACE: pre- and post- HHIE. suggest participants can resolve communication problems in 2 to 4 more situations than before
Research at the NCRAR

“Randomized Trial of a Brief Patient-Centered Aural Rehabilitation Model”

PI: Mitch Turbin PhD

Co-Investigators: Harvey Abrams PhD and Rachel McArdle PhD

Consultants: Kris English PhD, Terry Chisolm PhD, Sam Trychin PhD
METHODOLOGY

- Dual sites: Portland and Bay Pines FL
- Randomized to AR or Control
- Controls receive only routine VA audiology—new hearing aids
- Experimentals get VA audio + AR
- Baseline before HA fitting
- AR 4 weeks post-fitting
- Re-test 8 weeks and 6 months post-fitting
- Measures: CPHI, COSI, NEO-FFI, WOCQ
“The Living Well with Hearing Loss Workshop”

- Single 2 hour group AR session, new & experienced hearing aid users, some SOs
- Multimedia PowerPoint with videos and other demos and exercises
- Workshop facilitators emphasize interaction, respect for adult learners with own experience and skills
- Still recruiting, few results yet, due to wrap up by March 31, 2009
1. Share your name, where you live, how much a problem your hearing is.

2. What is your top priority for improving life with a hearing loss? Examples:
   - Top situation where you want better communication
   - Learning about helpful technology
   - How to reduce communication stress
   - How to get people to do what you need
The Lucky Seven

1. Hearing aids—know their limits, use them effectively
2. Be a communication partner
3. Use good communication skills and strategies
4. Manage stress and emotions
5. Respond to acoustics and lighting
6. Other technology to use
7. Be proactive—problem-solve and keep learning
During this workshop, you will

- Collect your own Toolbox with the tools you want to use to improve communication
Personal Toolbox

- Take notes or comment on tools you like
- Later check off your favorite tools
- When you come to a difficult listening situation remember to *stop, think and choose* “What tool will I use?”
Restaurant Challenge

Front Door

Dishwasher

Kitchen

Employee Workstation

Hallway/Bathrooms

2

3

4

5
Brainstorming Rules

1. Focus on quantity first
2. No criticism or censoring
3. Unusual ideas are welcome
4. Then select, combine and refine ideas

*Remember – No Criticism.*

*Be Creative.*
Values Clarification Exercise

- Do you feel it is your professional role to make all the important clinical decisions when practicing rehabilitative audiology?
- Or is the patient the final arbiter of clinical decisions?
- How does the idea of working with your patients as equal partners fit your professional value system?
- Do objective audiometric findings outweigh your patients’ subjective preferences and values?
Thank you!

Enjoy the rest of your time in Oregon—
And a safe trip home!

Feel free to contact me:

mitchel.turbin@va.gov
(503) 220 – 8262 ext. 56651