Health Psychology, 6th edition
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Chapter Nine:
Patient-Provider Relations

What Is a health care provider? Nurses as providers

- Advanced-practice nurses
  - Have gone beyond the typical 2 to 4 years of basic nursing education
  - Include **nurse-practitioners** who
    - Are affiliated with physicians in private practice
    - Provide routine medical care
    - Prescribe for treatment
    - Explain disorders, diagnosis, prognoses, and treatment
  - Include certified nurse midwives, clinical nurse specialists, and certified registered nurse anesthetists

What Is a health care provider? Physicians' Assistants as providers

- Programs typically require
  - At least 2 years of college
  - Previous experience in health care
- Physicians' assistant program lasts 2 years, in many instances
  - First year: same classes as medical students
  - Second year: clinical rotation with direct patient contact

Patient-Provider Communication: Judging Quality of Care

- People judge adequacy of care by criteria that are irrelevant to its technical quality
- The manner in which care is delivered is used as the criteria
  - Warm and confident is perceived as competent
- Satisfaction declines when physicians express uncertainty about a condition
- Actually, technical quality of care and the manner in which it is delivered are unrelated

Patient-Provider Communication: Patient Consumerism

- At one time, patients accepted the physician's authority
- Now patients have attitudes of consumers
  - To induce a patient to follow a treatment plan requires the patient's cooperation
  - Patients often have considerable expertise about their health problems
- These changes require better communication

Patient-Provider Communication: The Setting

- The medical office is an unlikely setting for effective communication
- The person who is ill
  - Must answer questions and be poked and prodded while in pain or ill
  - May feel anxious or embarrassed, reducing effective communication
- The provider
  - Has to figure out significant information quickly while other patients are waiting

Patient-Provider Communication: Structure of the Delivery System

- Private, fee-for-service care
  - Structure of health care until recent decades
  - Each visit is billed and paid by the patient
- Health Maintenance Organizations (HMOs)
  - Managed Care: An agreed-on monthly rate is paid and the employee uses services
- Preferred-Provider Organizations (PPOs)
  - A network of doctors offers discounted rates

Types of Health Care Plans: Table 9.1

Name	How It Works
Health maintenance organization (HMO)	Members select a primary-care physician from the HMO's pool of doctors and pay a small fixed amount for each visit. Typically, any trips to specialists and nonemergency visits to HMO network hospitals must be preapproved.
Preferred-provider organization (PPO)	A network of doctors offers plan members a discounted rate. They usually don't need prior authorization to visit an in-network specialist.
Point-of-service plan (POS)	These are plans, administered by insurance companies or HMOs, that let members go to doctors and hospitals out of the network—for a price. Members usually need a referral to see a network specialist.
Traditional indemnity plan	Patients select their own doctors and hospitals and pay on a fee-for-service basis. They don't need a referral to see a specialist.

Source: American Association of Health Plans, 2001; National Committee for Quality Assurance (NCQA), 2001.

Patient-Provider Communication: Structure of the Delivery System

- Third party delivery system has led to
  - **Colleague orientation**
    - Referrals are desirable
    - Providers are concerned about what **colleagues** think about their quality of care
- Fee-for-service used to emphasize
  - **Patient orientation**
    - Provider's income was directly affected by whether the **patient** was pleased with the services

Patient-Provider Communication: Structure of the Delivery System

DRGs and Patient Care

- Diagnostic related groups
  - Are argued to produce efficient patient care, thus reducing costs
  - DRG system implicitly rewards detection of co-occurring medical problems
  - DRGs implicitly adopt biomedical criteria for how and how long disease should be treated, ignoring psychosocial issues

Patient-Provider Communication: Changes in Health Care Philosophy

- Physician's role is changing
  - More egalitarian attitudes
  - Less dominance and authority
- Holistic health acknowledges
  - Eastern approaches to medicine
  - Low-technology interventions
  - Greater emotional contact between patient and provider

Patient-Provider Communication: Providers and Faulty Communication

Problem: Not Listening

- Beckman and Frankel (1984) Study
  - 74 office visits studied
  - 23% of the cases patients finished explanations
  - 18 second average before the physician interrupted the patient
  - Note: Physicians KNEW they were being recorded

Patient-Provider Communication: Providers and Faulty Communication

Problem: Use of Jargon

- Patients don't understand many terms that providers use
- Jargon may be used
  - To keep the patient from asking too many questions
  - To keep the patient from discovering that the provider is uncertain about the problem
  - As a carryover from technical training

Patient-Provider Communication: Providers and Faulty Communication

Problem: Baby Talk

- Providers may underestimate what a patient is able to understand
- Baby talk can forestall questions
- What patients can understand lies between technical jargon and baby talk

Patient-Provider Communication: Providers and Faulty Communication

Problem: Nonperson treatment

- Depersonalization may be intentional
  - Keeps a person quiet during an exam
- Depersonalization may be unintentional
  - A procedure or diagnosis is the focus of the provider's attention
- Example
  - Provider is like an auto mechanic, being followed by the car's owner!

Patient-Provider Communication: Providers and Faulty Communication

Problem: Stereotypes of Patients

- Physicians treating Black and Hispanic patients
  - Give less information
  - Are less supportive
  - Demonstrate less clinical proficiency
- Patients seen by physicians of the same ethnicity/race
  - Have greater satisfaction with their treatment

Patient-Provider Communication: Providers and Faulty Communication

Problem: Stereotypes of Patients

- Physician doesn't like to treat this
  - Patient (examples: low SES, elderly)
  - Disease (examples: depression, chronic illness)
- Sexism is a problem
  - Male physicians and female patients do not always communicate well

Patient-Provider Communication: Patients and Faulty Communication

- 1/3 of patients cannot repeat their diagnosis within minutes of discussing it
- Neurotic patients exaggerate symptoms
- Anxiety impairs retention of information
- 40% of patients aged 50+ have difficulty understanding prescription information

Patient-Provider Communication: Patient Attitudes Toward Symptoms

- Patients focus on
  - Pain
  - Interference with activities
- Providers are concerned with
  - Underlying illness
  - Severity
  - Treatment
- Embarrassment may lead patients to give faulty cues about health history and practices

Patient and Provider : Interactive Aspects of Faulty Communication

- Providers rarely receive feedback
- When a patient doesn't return
  - The treatment may have led to a cure
  - The patient may have gotten worse and gone elsewhere
  - The treatment may have failed, but the patient got better anyway
  - The patient may have died
- It is to the provider's psychological advantage to believe that the treatment led to a cure.

Results of Poor Communication: Nonadherence to Treatment

- Nonadherence
  - When patients do not adopt the behaviors and treatments their providers recommend
  - Estimates range from 15% to 93%
  - Average is 26%
- Short-term antibiotic regimens
  - 1/3 of all patients do not comply
- Children's ear infections
  - Only 5% of parents fully adhered to the medication regimen

Results of Poor Communication: Nonadherence to Treatment

- Behavioral change recommendations
  - 80% fail to follow through and stop smoking or follow through on a restrictive diet
- Patients in cardiac rehab - adherence rates of 66-75%
- Greatest adherence rates in
  - HIV, arthritis, gastrointestinal disorders, cancer

Results of Poor Communication: Nonadherence to Treatment

Measuring adherence – Turk and Meichenbaum (1991) Study

- Use of Theophylline: Drug used for chronic obstructive pulmonary disease (COPD)
  - Physician reports: 78% of the COPD patients were using the drug
  - Patient charts: 62% of the COPD patients were using the drug
  - Videotape observations: 69% of the COPD patients were using the drug
  - Patient reports: 59% of the COPD patients said they were on the drug

Results of Poor Communication: Causes of Adherence

- Physicians attribute nonadherence to
  - Patients' uncooperative personalities
  - Patients' ignorance
  - Patients' lack of motivation
  - Patients' forgetfulness
- The greatest cause of nonadherence is
  - **Poor communication**

Results of Poor Communication: Causes of Adherence

- The first step in adherence is understanding the treatment regimen
- Satisfaction with the patient-provider relationship increases adherence
  - It is more likely when the provider is perceived as warm and caring
- The final step involves the patient's decision to adhere.

Results of Poor Communication: Causes of Adherence

Qualities of the Treatment Regimen influence the degree of adherence

- Low Levels of Adherence are associated with treatment regimens
  - That last a long time
  - That are highly complex
  - That interfere with other desirable behaviors in a person's life

Results of Poor Communication: Causes of Adherence

Creative nonadherence

- Also called, "intelligent nonadherence"
  - Modifying/supplementing a prescribed treatment regimen
- Examples:
  - Changing the dose so that another family member can be treated if he or she comes down with the same disorder
  - Changing treatment based on one's "private theories" about a disorder

Results of Poor Communication: Malpractice Litigation

- Malpractice suits were once rare
  - The number has mushroomed over past decades
  - Medicine has grown more complex
- Patients are more willing to sue an institution in which the money "may never be missed"
- Common grounds for litigation have been
  - Incompetence and negligence
  - Poor communication is increasingly being cited (not being fully informed about a treatment)

Results of Poor Communication: Malpractice Litigation

- When medical mistakes occur, patients seek 3 things

(1) They want to find out what happened

(2) They want an apology from the doctor or hospital

(3) They want to know that the mistake will not happen again

Improving Communication: Teaching Providers

- One reliable predictor of physician sensitivity:
  - The physician's reported interest in people
- Implication
  - Sensitivity is based on motivation rather than skill

Improving Communication: Training Patients

Eliciting information from physicians

Question One: During this visit I would like to know_______________________________________

Question Two: The reason I am seeing the doctor today is____________________________

Question Three: Another concern I want to discuss is ______________________________________

Improving Communication: Teaching Providers

- Patient-Centered Communication
  - Teach providers to see the disorder and the treatment from the patient's view
  - Follow basic rules of courtesy
    - Greet patients by name
    - Tell them where to hang up clothes
    - Explain the purpose of the procedure
    - Say goodbye, using the person's name
  - Nonverbal communication can create warmth, too

Improving Communication: Reducing Nonadherence

- Health care institution interventions
  - Postcard reminders of appointments
  - Reducing the time before receiving services
- Treatment presentation interventions
  - Write down the regimen
  - Test the patient for understanding
- Skills training
- Probing for barriers
  - Patients are good at predicting their compliance

Placebo as Healer: Historical Perspective

- Egyptian patients were medicated with lizard's blood and crocodile dung
- Naïve logic
  - Ground-up fox lungs to help short-winded patients with tuberculosis
- People often got relief from ineffective remedies
- These treatments are examples of the **placebo effect**

Placebo as Healer: What is a placebo?

- Medical procedure producing an effect
  - Because of its therapeutic intent
  - And NOT because of its specific nature, whether chemical or physical.
- Placebo (in Latin) means, "I will please"
- Any procedure, from drugs to surgery to psychotherapy, can have a placebo effect

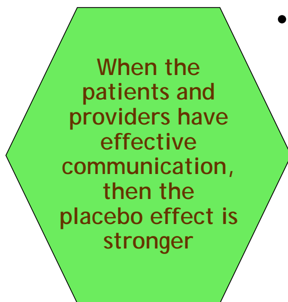
Placebo as Healer: Provider Behavior

- Stronger placebo effects occur when providers
  - Exude warmth, confidence, empathy
  - Radiate competence
  - Provide reassurance
  - Take time with patients
- Even effective drugs lose effectiveness when providers express doubts in them

Placebo as Healer: Patient Characteristics

- People who show stronger placebo effects
  - Have a high need for approval
  - Have low self esteem
  - Are externally-oriented toward the environment
  - Are anxious
- There are no differences in regard to sex, age, hypochondriasis, dependency, or general neuroticism

Placebo as Healer: Patient-Provider Communication



- For a patient to show a placebo response
  - Patients must understand what the treatment is supposed to do
  - Patients must understand what they need to do

Placebo as Healer: Situational Determinants

- Medical formality strengthens the placebo effect
  - Medications, machines, uniforms
- Shape, size, color, taste, and quantity
  - The more a drug seems like medicine, the more effective it will be
  - Foul-tasting, peculiar-looking pills in precise dosages are more effective

Placebo as Healer: Social Norms

- Drug taking is a normative behavior
  - Americans spend $100 billion+ per year on prescription drugs
  - Nonhospitalized adults: 55% had taken medication within 24 hours
  - Hospitalized patients: Average patient was taking 14 drugs per day
- People **believe** drugs work
- People have experience in taking drugs

Placebo as Healer: Generalizability of Placebo Effects

- Surgical patients often show improvement as a function of having surgery
  - Not as a result of the actual procedure
- Knowing a psychologist has found a cause for problems helps patients feel better
  - Even if the cause is not the real one

Placebo as Healer: Placebo as a Methodological Tool

- No drug can be marketed in the U.S. until it is evaluated against a placebo
- Double-blind experiment:
  - ½ the patients receive the experimental drug that is supposed to cure the disease or alleviate the symptoms
  - ½ the patients receive a placebo
  - Neither the researcher nor the patient knows whether the patient received the drug or the placebo (both are "blind" to the procedure)