



# Communication with Patients: Its Cost to Healthcare

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**“IT’S MORE IMPORTANT TO KNOW WHAT SORT OF PERSON HAS A DISEASE THAN TO KNOW WHAT SORT OF DISEASE A PERSON HAS.” – HIPPOCRATES**

There’s a short but hilariously clever video, “It’s Not About the Nail,” created by filmmaker Jason Headley, that exposes one of the biggest differences between most men and women. We won’t give away the hysterical reveal (you can catch it on YouTube) but suffice it to say, men are fixers and women want to be heard. Interestingly, there is a direct correlation between the male/female and the physician/patient relationship, but while the “Nail” miscommunication leads to quite a bit of discord with couples, in medical treatment it can lead to diminished health outcomes. The cost in time, dollars and quality of life can be enormous.

At a recent health care communication conference, conducted by the American Academy on Communication in Healthcare (AACH), medical researchers spent three days presenting a multitude of studies and methodologies that proved one devastating truth: Effective empathetic communication between the health provider and the patient is woefully inadequate.

With the average physician seeing a patient every 15 minutes<sup>1</sup>, time is limited. Reimbursement for time spent with the patient decreases every year, despite malpractice premium rates increasing. On average a patient is redirected/interrupted by their health care provider within 18 seconds of them starting to tell the physician what their symptoms are and only 23% of patients are permitted to complete their statement of concerns<sup>2</sup>. Practitioners spend far more time telling than listening, despite knowing that 50% of patients leave the office not understanding what they

have been told.<sup>3</sup> This lack of understanding then leads to nonadherence, which is estimated to cost between 100 and 300 billion dollars every year.<sup>4</sup>


So where does the empathy attrition begin? Students entering medical school show a high empathic level, yet a 2009 study by the Department of Psychiatry and Human Behavior at Jefferson Medical College concluded, “A significant decline in empathy occurs during the third year of medical school. It is ironic that the erosion of empathy occurs during a time when the curriculum is shifting toward patient-care activities; this is when empathy is most essential.”<sup>5</sup>

You would think that hospitals, practitioners, healthcare and malpractice insurance companies would jump to build and solidify the communication skills of these pristine clinicians. The old “would you rather have a skilled hand, or your hand held?” argument (as if they are incapable of collaboration) holds little sway when you consider the study from a Stoney Brook University School of Medicine that provides a better argument in that routine compassionate care benefits EVERYONE.<sup>6</sup>

Clinicians, nurses, residents and other staff benefit. Clinicians’ satisfaction with their patient relationships can protect against professional stress, burnout, substance abuse and suicide attempts.

Medical students benefit. They experience demoralization and disenchantment when they encounter a clinical environment that is dehumanizing and uncaring towards patients.





Patients benefit. When doctors are compassionate, patients are less anxious, and they achieve earlier and more accurate diagnoses because the patient is better able to divulge information when he or she feels emotionally relaxed and safe. Treatment planning and patient adherence are, consequently, more efficient, especially when patients have chronic conditions.

Patient satisfaction and outcomes suffer, and inappropriate prescribing increases when doctors spend less time with their patients.<sup>7</sup> In addition, 71% of patients cited poor relationships as a reason for their malpractice claims.<sup>3</sup>

On a physiological level, we have research that shows us that physician empathy results in better patient compliance and outcome and even reduces medical malpractice suits.<sup>8</sup> With diabetic patients we have data that demonstrates physicians with higher empathy scores have more patients who reach their target A1c and low-density lipoprotein levels compared to physicians with lower empathy scores.<sup>9</sup>

Today's technology isn't making this any better. Doctors are spending more time looking at their computer typing, than looking at the patient. This information gathering, multi-tasking style may seem a necessity under the aforementioned time limitations but devoting less than 100% focus can lead to missing details. As pointed out by Dr. Danielle Ofri to the *NY Times* (Nov 14, 2017) there have been three recent studies that have all shown that physicians are spending almost twice as much time on administrative work as they are spending face to face with their patients.<sup>10,11,12</sup>

Ultimately it comes down to those holding the purse strings, yet even they benefit from longer and compassionate listening.

The economic bottom line of health care delivery systems benefits from the practice of compassionate care ... the Hospital Consumer Assessment of Healthcare Providers & Systems (HCAHPS) surveys, which are heavily involved in detached empathy and which touch on affective empathy, are required for any health care system receiving Medicaid or Medicare reimbursements. These scores directly contribute to the reimbursement for care of patients at these facilities and specifically identify communication with the nursing staff, physicians and their ability to explain things clearly and to the patients' satisfaction. Poor scores can mean penalties in reimbursement that result in millions of dollars lost to

the hospital. Moreover, compassionate care is associated with lower malpractice suits and it can be assumed that staff will be more loyal to their hospital or health care system if they are able to enjoy an empathic ethos.

The evidence is in. It's not about the diagnosis, it's about the patient.

As Dr. Nana Cochran said at the AACH conference, "Listen to your patient. He is telling you his diagnosis."

Is there any question that attentive listening should be mandatory, coded and properly compensated to every health care provider?

Would Hippocrates accept anything less? ◆

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