

Physician Communication Performance among Standardized Patients and Patients with Limited Health Literacy

Limited health literacy (HL) is associated with misunderstandings about cancer susceptibility and benefits of early detection and low adherence to cancer screening (1). Major components of cancer risk communication center around information exchange via exploring patients' perceptions of susceptibility to cancer; barriers and facilitators to screening; and motivation and self-efficacy to adhere to screening (2). Primary care physicians (PCPs) trained to engage in cancer risk communication with patients with limited HL may improve information exchange and thus improve patient adherence to screening guidelines.

Primary care physicians from five (5) safety-net clinics in New Orleans, LA participated in a 4-year (2008-2012) cluster-randomized control trial to train physicians in cancer risk communication and shared decision making (SDM) to effectively counsel patients with limited HL. The long-term objective of the Doctor-Patient Communication & Cancer Screening Study is to examine the association between physicians' communication behavior and limited HL patients' receipt of cancer screening. The current report examines physician communication skills assessed via physician self-rated proficiency at baseline; study patient Perceived Involvement in Care Scale ratings at baseline (Table 1.); and standardized patient (SP) ratings of general cancer risk communication and SDM skills at baseline, 6 and 12 months follow-up (Table 2).

Participants were 18 physicians who consented and practiced at least one half day at an approved study site and 168 of their patients with limited health literacy (Rapid Estimate of Health Literacy in Medicine [REALM]) score < 60; men [age 50-75]; women [age 40-75]; overdue for at least one cancer [breast/cervical/colorectal] screening test.) PCPs in both study arms underwent 3 unannounced encounters (baseline, 6- and 12-month follow-up) with a standardized patient (SP) portraying a new patient with a family history of colon and breast cancer and overdue for cancer screening. SPs used behavior checklists (Table 3) to rate PCPs general cancer risk communication (GenRisk) and shared decision making about colon cancer screening (SDMcr) [1=poor; 5=excellent] at each encounter. Intervention PCPs underwent academic detailing after SP visit 1 and received SP verbal feedback

Table 1. Study Patients' Ratings of Perceived Involvement in Care Scale at baseline

(0 = Disagree; 1 = Agree)	Intervention N = 94	Control N = 74
Doctor facilitation of patient involvement (Mean, SD)	4.4 [1.1]	4.3 [1.1]
My doctor asked me whether I agree with his/her decisions.		
My doctor gave me a complete explanation for my medical symptoms or treatment.		
My doctor asked me what I believe is causing my medical symptoms.		
My doctor encouraged me to talk about personal concerns related to my medical symptoms.		
My doctor encouraged me to give my opinion about my medical treatment.		
Level of information exchange (Mean, SD)	3.5 [1.0]	3.4 [1.0]
I asked my doctor to explain the treatment or procedure to me in greater detail.		
I asked my doctor for recommendations about my medical symptoms.		
I went into great detail about my medical symptoms.		
I asked my doctor a lot of questions about my medical symptoms.		
Patient participation in decision making (Mean, SD)	1.5 [1.4]	1.5 [1.4]
I suggested a certain kind of medical treatment to my doctor.		
I insisted on a particular kind of test or treatment for my symptoms.		
I expressed doubts about the tests or treatment that my doctor recommended.		
I gave my opinion (agreement or disagreement) about the types of tests or treatment that my doctor ordered.		

Source: Lerman at al. "Patient Involvement in Medical Care. *JGIM*. 1990; 5: 29-33.

after each visit.

Based on baseline surveys, PCPs self-rated themselves as "very good" in proficiency in explaining to patients their risk for developing cancer, eliciting patient preference for medical treatment, and eliciting patient preference for their role in medical decision-making. Using the Perceived Involvement in Care Scale, study patients rated doctor facilitation of involvement in care and information exchange as "good"; however, they rated their own participation in decision-making "poor" (Table 1.).

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Among SP ratings of physicians' communication behaviors at baseline, there were no significant differences in SP ratings of PCPs' general cancer risk communication or shared decision making about CRC screening based on physicians' group assignment (communication skills training vs. no training) (Table 2.). However, there were significant group differences in SP ratings at 6-months in which the physicians who underwent communication skills training were rated higher than physicians who did not receive any training throughout the course of the study. Group differences in SP ratings of physician communication behaviors remained at 12-months follow-up. These differences in group ratings were not affected by physician characteristics (e.g. primary care specialty, academic affiliation, practice organization).

Table 2. Standardized Patient Ratings of Physicians (mean, SD)

	Intervention N= 11			Control N=7		
	0-Mo.	6-Mo.	12-Mo.	0-Mo.	6-Mo.	12-Mo.
	General cancer risk communication	3.3 [1.1]	4.1 [1.1]	4.1 [1.1]	2.7 [1.2]	3.1 [1.3]
Shared decision making about colon cancer screening	3.0 [1.1]	3.9 [1.0]	3.9 [0.8]	2.5 [1.2]	2.7 [1.1]	2.1 [0.7]

Our study shows that training in cancer risk communication and shared decision making improves SP ratings of PCP communication behaviors. Physicians' and patients' perceptions of provider shared decision making behaviors differ and support the need for provider training in communication skills. Our next step in this study is to examine whether

Healthy People 2020: Providers and technology shape effective health communication

The Healthy People communication topic was renamed to *Health Communication & Health Information Technology (HC/HIT)* to acknowledge the influence of technology within our daily lives. The ability to use and access technology is another skill needed by patients to be proficient in health literacy. Technology platforms and health care providers are both challenged to deliver understandable health information. New HC/HIT health literacy objectives outline some provider behaviors that are key to effective health communication. Find all Healthy People 2020 Objectives at www.healthypeople.gov.

New Health Literacy Objectives

Increase the proportion of persons who report their health care provider...

- always gave them easy-to understand instructions about what to do to take care of their illness or health condition.
- always asked them to describe how they will follow the instructions.
- office always offered help in filling out a form.

Photo credit: George Tech Research News, gatech.edu

changes in provider communication behavior were associated with patients' receipt of cancer screening.

Table 3. Physician Communication Behavior Checklist Items

General cancer risk communication

- Used language I could easily understand or explained terminology when medical jargon used
- Explored my beliefs or understanding about my risk for cancer
- Encouraged me to discuss concerns that would keep me from undergoing cancer screening
- Encouraged me to discuss concerns that would motivate me to undergo cancer screening
- Checked to see if I understood the benefits and risks of screening
- Encouraged me to ask questions
- Reached agreement with me on final plans to order cancer screening tests

Shared decision making about colon cancer screening

- Explored my understanding of my risk for colon cancer
- Explained all of the different options for colon cancer screening
- Explained the risks and benefits of different options
- Asked me if I had any questions
- Asked me which test was most preferable to me
- Reached agreement with me on final plans for colon cancer screening

References: 1. Davis, T.C., Williams, M.V. Marin, E., Parker, R.M., & Glass, J. (2002) Health Literacy and Cancer Communication. *CA— A Cancer Journal for Clinicians*; 52,134-149.
2. Price-Haywood, E.G., Roth, K.G., Shelby, K. & Cooper, L.A. (2009). Cancer Risk Communication with Low Health Literacy Patients: A Continuing Medical Education Program. *J Gen Intern Med* ; 25 (2 Suppl):126-9 doi:10.1007/s11606-009-1211-6.

The Reading List



Recommended readings on health disparities topics

Patient-Physician Colorectal Cancer Screening Discussions: Delivery of the 5A's in Practice.

Am J Prev Med 2011; 41(5):480-486

Lafata and colleagues found few comprehensive applications of the 5A's of shared decision-making recommended by the U.S. Preventive Services Task Force (USPSTF). Audio recordings of colorectal cancer (CRC) screening discussions revealed about a fourth of primary care physicians discussing the benefits of screening or alternative test modalities to endoscopy (*Advise* components). Approximately 1 in 10 discussions included negotiation of a screening plan with patient values and preferences being considered (*Agree* components).

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5 A's of Shared Decision-Making

- Assess
- Advise
- Agree
- Assist
- Arrange

Sheridan, SL, Harris RP, Woolf SH. Shared Decision-Making Workshop of the U.S. Preventive Services Task Force. Shared decision making about screening and chemoprevention: a suggested approach from the U.S. Preventive Services Task Force. *Am J Prev Med* 2004;26(1):55-66