Development and Evaluation of a Patient Empowerment Letter in a Primary Care Setting

Dan D. Matlock, MD, MPH; Eva Aagaard MD; Adam Abraham, MD; Wagner Schorr-Ratzlaff, MD; Nivedita D. Mahidhara, MD; Scott De La Cruz, MD; Lisa Schilling, MD; Brandon Combs, MD; Karen Mellis; Carmen L. Lewis, MD, MPH.
“Difficult Patients”
Background

- Disempowerment among patients
- Agenda Setting in primary care
- Priming interventions
Disempowerment among patients:

“...is the guy going to be pissed at me for not doing what he wanted? ...Is it going to come out in some other way that’s going to lower the quality of my treatment?...Will he do what I want but...resent it and therefore not quite be as good...or in some way...detrimental to my quality of care.”

- Frosch et al. Health Aff May 2012
Agenda setting in primary care

- Agenda setting training intervention
  - Fewer “oh by the way” for the intervention physicians
    - Brock DM. JGIM 2011
  - Late-arising concerns were more common when physicians did not solicit patient concerns during the interview (34.9% vs 14.9%)
    - Marvel MK JAMA 1999
**Background**

- **Priming interventions**

  **The Effect of Values Affirmation on Race-Discordant Patient-Provider Communication**

  Edward P. Havranek, MD; Rebecca Hanratty, MD; Channing Tate, MPH; L. Miriam Dickinson, PhD;
  John F. Steiner, MD, MPH; Geoffrey Cohen, PhD; Irene A. Blair, PhD

  Values affirmation group:
  - Provided more information about their medical condition \( [P = .03] \)
  - Patient-provider communication was characterized as being more interested, friendly, responsive, interactive, and respectful \( (P = .02) \) and less depressed and distressed \( (P = .03) \)

Two phases:

- Development phase
- Evaluation phase
Methods

Development phase

- Idea came during a Lowry team one meeting (PCMH goals??; agenda setting??)
- Drafted a letter
- Iteratively reviewed by the team
- Piloted on several patients
- Ultimately included language around:
  - Empowerment “Please don’t feel that we will be upset if you have more questions.”
  - Agenda Setting: “main goals, fears, and worries for the visit that day.”
Evaluation Phase

- Team one patients over a two-week time period.

- Pre-post design:
  - Week one – control; Week two – intervention

- Measures:
  - Patient empowerment
    - Patient activation measure (13 items, 4 point Likert scale, scored 0-100)
  - Patient satisfaction
    - Hospital mandated measure (10 items, 5 point Likert scale, scored 0-5)
  - Open-ended feedback

- Analysis: Differences between mean scores were tested using t-tests.
Dear Patient,

Thank you for coming to see us today at the University of Colorado Lowry Internal Medicine clinic. We want to tell you a few things about our philosophy before our visit.

**Our job:** We believe that doctors should work with patients, not do things to patients. We believe that it is your body and your life and you are free to do with them as you please. We strive to practice medicine based on the best available information. Sometimes that means not ordering a test or a medication. More testing and treatment are not always better, especially if they lead to more unnecessary procedures. That said, we will do everything we can to help you achieve your personal health goals.

**Your job:** We know from research that patients who take control of their health do better in the long run. We want you to be in control. When you come to see us, we would like you to set the agenda so that your needs are met. Please be as honest with us as you can. If you want, feel free to do library or internet research about your health. While some information may be wrong, we are happy to review it with you.

**Some common concerns:**
1. You should never feel pressured to agree with us. If you want a second opinion, we can help you find the best doctor for your concerns.
2. Please don’t feel that we will be upset if you have more questions.
3. Please inform us if a drug is too costly.
4. Please let us know if you are particularly worried about a certain disease or condition so that we can address that concern today.

Because we want to make sure your goals are met for your visit today, please take a moment to write down what you are hoping to get out of today’s visit. While time is often short, we will do everything we can to address your concerns:

**Your main goals, fears, or worries for today:**

a) 

b) 

c) 

Sincerely,

Your Team 1 Providers: Eva Aagaard MD, Adam Abraham MD, Julia Cavanaugh MD, Scott De La Cruz MD MPH, Nivi Mahidhara MD, Dan Matlock MD MPH, Lisa Schilling MD, Wagner Schorr-Ratzlaff MD,
Results

Letter Development

- Patient Activation (out of 100)

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<tr>
<td>Control – Week 1</td>
<td>71</td>
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<tr>
<td>Intervention – Week 2</td>
<td>69</td>
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<td>P-value</td>
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- Satisfaction (out of 5)

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<td>Intervention – Week 2</td>
<td>4.56</td>
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<td>P-value</td>
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Open ended responses

• “Great letter and very impressive that your office is distributing this and indicating the need that every patient should be proactive with their own health and healthcare.”

• Suggestions on improving the letter including:
  • arranging the key points into a bulleted list
  • shortening the overall length of the letter
  • including goals of care on the AVS
Conclusions

- Overall, the letter had no effect on patient activation.
- Satisfaction was high but the letter was associated with a significant decrease.
- Open ended responses were very positive.
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**Your job:**
We know from research that patients who take control of their health do better in the long run. We want you to be in control. When you come to see us, we would like you to set the agenda so that your needs are met.

Please take a moment to write down what you are hoping to get out of today’s visit.

**Your top 3 main goals, fears, or worries for today:**

1. 

2. 

3. 

**Some common concerns:**
1. Please never feel pressured to agree with us.
2. Please don’t feel that we will be upset if you have more questions.
3. Please let us know if you are particularly worried about something

While time is often short, we will do everything we can to address your concerns:

Sincerely, Your Team 1 Providers: Eva Aagard MD, Adam Abraham MD, Scott De La Cruz MD MPH, Nivi Mahindara MD, Dan Matlock MD MPH, Lisa Schilling MD, Wagner Schorr-Ratzlaff MD, Carmen Lewis MD