



Using Communication to Improve Patient Adherence and Satisfaction

Scott Christenson, MS3 CU School of Medicine



School of Medicine
UNIVERSITY OF COLORADO
COLORADO SPRINGS BRANCH

Background

- It has been established that poor patient adherence with their treatment plan results in increased healthcare visits, increased morbidity of disease and decreased satisfaction with their treatment plan/provider.¹
- Physician shortfalls and an increased patient load continue to place even greater burden on medical providers. But as pressure on physicians increases, one may start to neglect the importance of the physician patient relationship and its impact on whether or not a patient will adhere to a treatment plan.
- The development of a positive physician patient relationship is critical in promoting adherence and may even have long term effects in decreasing the overall workload as a result of improved outcomes which may lesson total patient visits¹
- Therefore, assessing the impact and manor of onboarding patients with their treatment is critical

Aim Statement

- The aim of this project was to determine if closing the patient encounter by spending 2-3 minutes specifically addressing the patient's willingness and ability to follow their treatment plan would improve overall patient satisfaction and willingness to adhere to the medical plan developed for them

Program Description

- Patients were split into two groups with group one (n=8) and group two (n=16).
- **Group One (Control Group)** clinical visits were closed out with standard communication asking if they had any more questions about the treatment plan or if they needed further clarification about how to follow the plan
- **Group Two (Test Group)** clinical visits were closed out by engaging the patient in a conversation about their satisfaction with their treatment plan, and if there was anything they would like to change about it or if they foresaw problems in following the plan.
- In a time frame of no more than two weeks from the original patient encounter; patients were called and asked about their adherence to their treatment plan along with their satisfaction with the plan and their health care provider.

Program Evaluation

Questions Asked During Patient Encounter Test group (n=16)

Is there anything about this plan that you'd like to change?

What hurdles do you foresee adhering to this plan?

Questions Asked at Telephone Follow-up Control and Test Groups (n=24)

Have you been able to adhere to all parts of your medical/treatment plan? (yes/no)

On a scale of 1-10, how comfortable are you with the current plan?

On a scale of 1-5, how comfortable are you with your current health care treatment?

Follow-up Results (n = 24)

Have you been able to adhere to all parts of your medical/treatment plan? (% yes)

- Control Group 75% yes
- Test Group 75% yes

On a scale of 1-10, how comfortable are you with the current plan? (Average score)

- Control Group 9.00
- Test Group 9.25

On a scale of 1-5, how comfortable are you with your current health care treatment? (Average score)

- Control Group 4.50
- Test Group 4.625



Discussion

- The small scale of this quality improvement project means that it has a low power to find a statistically significant relationship among variables
- Further complications arose as the healthcare provider (myself) was the person calling the patients to ask about their adherence and satisfaction with their provider(also myself). This likely skewed patient feedback towards the positive as they are less likely to directly tell the provider of a problem. Patients may also have misinformed me of their true adherence due to concern about it impacting the patient-provider relationship.
- Continued research should be carried out to discover communication strategies which improve patient adherence and healthcare satisfaction

Conclusions

- Although not statistically significant; a general trend was established that patient satisfaction and willingness to adhere to their treatment plan was improved when the patient's ideas and concerns were incorporated into the visit.

Reference

1. Koulayev S, Simeonova E, Skipper N. Can Physicians Affect Patient Adherence With Medication?. *Health Econ.* 2017;26(6):779–794. doi:10.1002/hec.3357