



Research Briefing

- page 1** **Presentation Matters: Providing Health Risk Information in a Numeric Format**
- page 2** **Is Patient Satisfaction Influenced by the Provision of Medical Information?**
- page 3** **E-prescriptions and Medication-related Communication Issues**

Presentation Matters: Providing Health Risk Information in a Numeric Format

Objectives

The purpose of this study was to assess how consumers use different types of quantitative formats to assess personal health risks.

Background

Previous research has indicated a discrepancy between perceived and actual population risk of coronary heart disease, with individuals having a tendency to underestimate their own personal risk. An experimental design was used to present participants with hypothetical risk data to determine if perceived susceptibility is influenced by how information is presented.

Findings

The numerical format in which health risk information is presented impacts consumers' perception of their own risk status and their intention to change. Presenting health risk information as ratios, rather than percentages, more effectively stimulates heightened

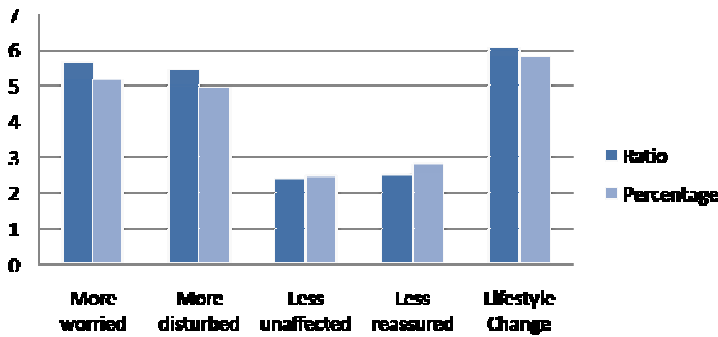
perceived risk, emotional response, and intention to change.



For example, when asked, "If these were my results, I would be worried," participants given information in a ratio format gave an average response of 5.67 out of 7 (using a 7 point scale where 1=disagree strongly and 7=agree strongly). Conversely, participants shown the same numbers, but in a percentage format, gave an average response of 5.17 ($p = .001$).

When asked if they would make changes to their lifestyle (e.g., eating a healthier diet and more exercise) based on the hypothetical data, participants given information in a ratio format gave an average response of 6.08 vs. 5.82 ($p = .047$).

Patient Agreement
(1=disagree strongly, 7=agree strongly)



Also, presenting peer group risk information stimulated higher perceived risk, concern, and intention to change, especially for younger individuals, although these differences were not statistically significant. Finally, using longer time frames did not increase perception of risk, although it did heighten dimensions of emotional response (respondents reported

feeling more worried ($p = .023$), more disturbed ($p = .017$) and less reassured ($p = .016$).

Ix Implications

In order to be consumer-friendly, health risk information should be offered in a ratio, rather than percentage, format.

Information is more meaningful to the consumer when it is presented within a context (e.g., personal health risk information alongside peer health risk information).

Citation

Fair, Anna K. I., et al. 2008. Using Hypothetical Data to Assess the Effect of Numerical Format and Context on the Perception of Coronary Heart Disease Risk. American Journal of Health Promotion, 22(4), 291-6.

Is Patient Satisfaction Influenced by the Provision of Medical Information?

Objectives

The purpose of this study was to compare patient satisfaction with medical professionals' perceived roles in terms of providing medical information to patients.

Background

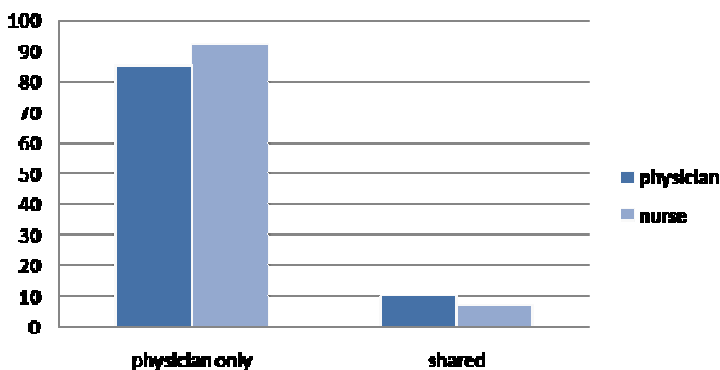
As part of a quality improvement program on patient information, questionnaires were administered to 302 physicians and 533 nurses. An inpatient satisfaction survey was administered to patients before being

discharged from the hospital. Physician, nurse, and patient perspectives on the provision of medical information were compared.

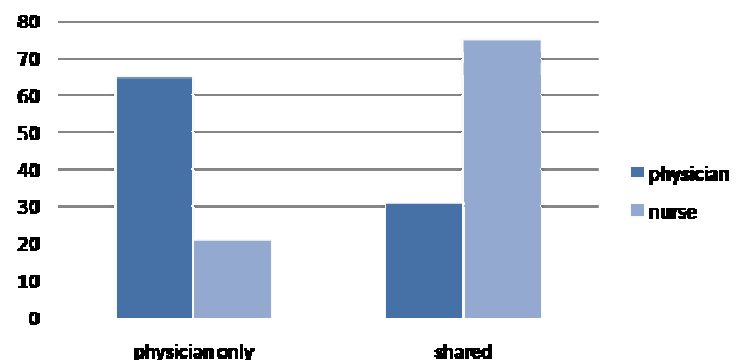
Findings

Physicians vs. nurses generally agreed that diagnosis and prognosis announcements were made by physicians alone. Nurses reported providing information to patients in addition to physicians, but physicians reported they were the sole deliverers of information.

Responsibility for Announcing Diagnosis



Responsibility for Explaining Diagnosis



For example, 65 percent of physicians (and 31 percent of nurses) thought it was solely the physician's responsibility to explain the diagnosis to the patient. Just over 20 percent of doctors (vs. 75 percent of nurses) saw this as a shared responsibility.

Nurses were most concerned that they were not aware of the medical information delivered to patients by physicians. Physicians did not recognize the primary role nurses played in providing information to patients.

Patients were generally very satisfied with the information they received, but more than 20 percent were not satisfied with information on benefits and risks of diagnostic tests and treatments. Written information was sometimes used as a back-up to oral information, but only a third of the time.

Ix Implications

The process of providing information to patients should be a transparent process to enable nurses and other health care professionals to be aware of, reinforce, and

supplement information provided by physicians. Communication should be documented in order for the patient to receive consistent and accurate information.

Information should be provided in a variety of formats wherever possible. Written communication should be prioritized alongside oral communication in terms of providing medical information to patients.

Information should be delivered to patients in a way that helps them make decisions. If 20 percent of patients are not satisfied with the information they received on benefits and risks of diagnostic test and treatments, there is room for improvement in terms of increasing patient engagement in the decision making process. The first step to engaging patients is providing them with adequate information.

Citation

Moret, Leila, et al. 2008. Medical information delivered to patients: Discrepancies concerning roles as perceived by physicians and nurses set against patient satisfaction. *Patient Education and Counseling*, 70, 94-101.

E-prescriptions and Medication-related Communication Issues

Objectives

The purpose of the study was to examine the extent to which patients and providers had consistent perceptions of medication-related communication and to determine whether the use of e-prescriptions influenced agreement in perceptions.

Background

Past research suggests that health care providers estimate greater frequency of medication-related communication than do patients. With the majority of office visits resulting in prescription writing, clinicians have the opportunity to educate patients to improve drug compliance. E-prescribing can provide health care providers with patient education information, accurate medication

histories, and to find out if patients have filled their prescriptions.

Findings

Results of the study confirmed mismatching perceptions between patients and providers regarding medication communication issues. Sixty-eight percent of patients reported they would not communicate to their provider that they did not want a particular drug. Similarly, and more strikingly, 83 percent of patients reported they would not tell their physicians if they did not intend to fill a prescription, while only nine percent of physicians had the same perception. Also, 47 percent of patients indicated they never discussed medication costs with providers compared to 5 percent of providers.

E-prescribing did not impact the extent to which patients and providers discussed medication issues. However, patients of e-prescribing providers were more likely to report provider verification of medication lists, in fact more so than providers themselves reported.

IX Implications

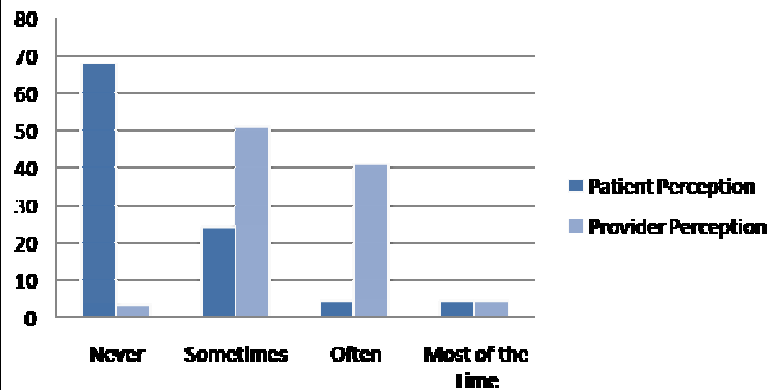
E-prescribing will not, on its own, solve patient-provider communication problems. Ultimately e-prescribing is a tool that is likely to work best as part of a systematic process specifically aimed to improve communication issues between patients and providers. For example, while e-prescribing did not increase discussions of medication costs, it does offer providers access to patient insurance coverage information. Providers could use this information to better understand patient costs and facilitate a dialog about the affordability of specific drugs, since this may be a factor influencing medication adherence. Providers may also monitor whether or not patients are filling their prescriptions, or how often they are refilling them, and follow up in subsequent visits.

“Silence” on the part of the patient does not necessarily imply agreement with physician recommendations. Physicians may want to specifically ask their patients direct questions, such as whether they are interested in taking the suggested medication. Asking the patient targeted questions, instead of assuming agreement, may lead to more meaningful information exchange between the patient and physician. Providers will be in a better position to provide the right information to the right patient at the right time if they take the time to elicit patient needs, concerns, and preferences.

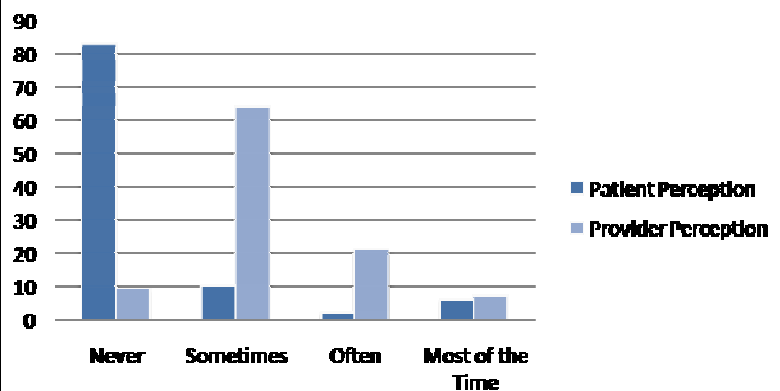
Citation

Lapane, Kate L., et al. 2008. Misperceptions of Patients vs Providers Regarding Medication

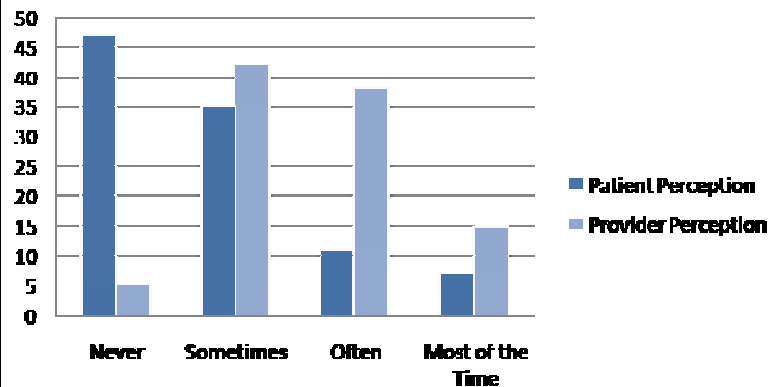
Communicate If Did Not Want Drug



Communicate If Did Not Plan to Buy



Discuss Costs



-related Communication Issues. American Journal of Managed Care, 13(11), 613-8.