

# Ten strategies to build partnerships with patients

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Partnerships take many forms. In business, partners share profits as well as losses. In productive therapeutic relationships, counselors exhibit empathy, insight, and acceptance without judgment, and clients are open to constructive feedback. In successful marriages, partners consider each other's needs, working together to sustain and deepen trust. What makes a successful doctor-patient partnership?

Partnerships with patients evolve when providers:

1. invite patients to participate fully in clinical decisions,
2. support and encourage patients to build their own capacity for self-management,
3. recognize the wholeness and context of patients' lives,<sup>1</sup> and
4. respect and honor patients' values.

But as in any relationship, it takes 2 to tango. Patients must participate, provide doctors with accurate and complete information, and view their providers as partners (not deities, miracle workers, or Beelzebub). In short, successful partnerships

evolve when providers treat patients as equal partners in health care,<sup>2,3</sup> and patients respond in kind.

Partnership in health care is a nice idea, and a growing literature describes reasons why.<sup>4</sup> Clearly, however, there is no shortage of factors to inhibit partnerships. Barriers to access. Overinformation. Intimidating clinical settings. Health literacy. Time constraints. Declining reimbursement. Paperwork. Calgon, take me away!

Though these obstacles seem daunting, opportunities exist to build effective partnerships with patients.<sup>5,6</sup> Research on patient-provider communications increasingly demonstrates reasons why partnerships make sense:<sup>7,8</sup>

1. patients who are more active in their health care are more satisfied and have better outcomes,<sup>9</sup>
2. physicians can facilitate patient involvement in health care,<sup>10</sup> and
3. what seem like "simple" communication and skill-building strategies can change the capacity of patients to self-manage disease and advocate for quality care.<sup>11,12</sup>

## Strategies for partnership

A principle underlying advocacy at the Center for Patient Partnerships (Center) is that all patients and families, to varying degrees, can build capacity and confidence necessary to advocate for quality health care. Some patients are not ready to take more active roles in health care;<sup>13</sup> meanwhile, some providers find "activated patients" initially more

"high-maintenance" than they can support.<sup>14</sup> Still, research suggests that providers can influence the degree to which patients manage their own health and take active roles in decision making.<sup>15</sup> The following strategies are based on advocacy experience with more than 1400 patients facing a severe chronic illness or a life-threatening diagnosis.

## Invite patients into clinical decision-making, helping them build skills to manage health.

People need distinct amounts and types of information and skills, and their communication styles can differ markedly. At the Center, students learn to create a safe place for clients during their first encounter.<sup>16</sup> The "opening moments" of a clinic visit can dramatically shape how patients experience care.<sup>17,18</sup> Ask yourself and your staff how you can invite patients to shape visits, however brief, on *their* terms.

## Discuss patients' preferences for decision-making and clarify your own role.

Research suggests that patients with different health concerns have distinct preferences around participating in medical decisions. Health literacy and socioeconomic status may also play a part in how those preferences are shaped and demonstrated in clinical settings or in self care.<sup>13</sup> Physicians should openly discuss patients' preferences for decision-making, recognizing that those preferences may change. For patients facing acute or chronic conditions, they should also facilitate a discussion to clarify expectations about doctor, patient, and caregiver roles.<sup>19</sup>

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The Center for Patient Partnerships at the University of Wisconsin–Madison, ([www.patientpartnerships.org](http://www.patientpartnerships.org)), trains graduate and professional students in patient advocacy. Clients seek advocacy to navigate the health care system, make more informed medical decisions, help coordinate care, negotiate insurance eligibility and disputes, secure medical leave or disability coverage, and link to family and community supports. Using lessons from the Center's work with more than 1400 clients facing serious health conditions, this article illustrates how providers can work with patients, families, and other professionals to build partnerships for quality health care.

**Help patients identify their strengths.** Ask patients what they have going for them. Family? Creativity? Strong work ethic? Humor? Common sense? Low blood pressure? Capture what makes them tick and what they find easy, and challenge them to apply those skills and strengths to prevention, treatment, or staying healthy.

**Support patients to achieve small successes, and build on them.** In the clinic visit, all clients can be invited to do “elementary homework,” such as eating 1 low-fat meal a week, not smoking around the children, or doing or reading something daily that makes them laugh. As patients achieve small successes, encourage them to take on more sophisticated challenges. A belief in one’s own self-efficacy is one predictor of behavioral change.<sup>20</sup> Helping patients to set reasonable expectations and guiding them to move forward, however incrementally, is a cornerstone to partnership.

**Think creatively about how to ensure patients understand key information.** People learn differently. We read, touch, interact, do, listen, laugh, cry, and play. Encourage patients to bring a family member or friend with them to clinic visits. Make up a jingle about key steps in good diabetes care, and sing it yourself. Give away free, simple “medication logs” for people to track multiple prescriptions. Refresh yourself on cues that might indicate low health literacy.<sup>21</sup>

**Learn how the context of patients’ lives affects their health and health decision-making.** Make some room to re-enter your patients’ lives. Stop and ask yourself: Does the patient live in a world that supports good self-management practices? If not, how can you act as coach and supporter in that context? Students at the Center make house calls, and

they report learning far more about a client’s life and socioeconomic context than meeting in a clinical setting. Try a few house calls each year. Don’t worry about elevating expectations among your patients; clearly home visits are not reimbursable. Do it for professional development, and if you train students and residents, take them with you. You may even make the local news.

**Develop relationships with community resources and make good referrals.** As a physician, you can’t do it all, even though it feels many days like you do. Others in the community may be able to help patients advocate for themselves. Invite local community service professionals to an open house at your clinic, and get to know them. Clearly, patients must be willing to seek additional help, but your referral to a trusted organization (eg legal assistance, respite care, asthma camp), individual (eg social worker, financial planner, pharmacist, benefits counselor, nutritionist, diabetes educator), or support group can carry a lot of weight. The United Way 2-1-1 program ([www.211.org](http://www.211.org)) provides an easy-to-use portal to familiarize yourself, your staff, and your patients with local community services. Stanford University’s Chronic Disease Self-Management Program has licensed 25 Wisconsin aging agencies to administer the evidence-based peer-led program for patients.<sup>22</sup>

**Learn about health care financing and common financial pitfalls patients face.** In this day and age, ethical care demands a good understanding of barriers to access and how they can influence quality. For example, physicians cannot possibly know the formulary for every insurance policy, but many patients can—and should—learn a lot more about their own policies.<sup>23</sup> Engage patients by offering “second choice” prescription options in case brand-names are not covered. Try to give

**Table 1.** Ten strategies to build partnerships with patients

1. Invite patients into clinical decision-making, helping them build skills to manage health.
2. Discuss patients’ preferences for decision-making and clarify your own role.
3. Help patients identify their strengths.
4. Support patients to achieve small successes, and build on them.
5. Think creatively to ensure patients understand key information.
6. Learn how the context of patients’ lives affects their health and decision-making.
7. Develop relationships with community resources and make good referrals.
8. Learn about health care financing and common challenges patients face.
9. Involve patients in designing your clinical practice.
10. Recognize the privileged role you can play in helping shape a patient’s dying process.

patients written names of those options to keep, because medical shorthand doesn’t make sense to most patients.<sup>24</sup> Learn more about the “doughnut hole” in Medicare Part D. Or the critical role physicians play in Social Security Disability Insurance applications.<sup>25</sup> Or the charity care<sup>26</sup> policies of the hospitals in your community.

**Involve patients in designing your clinical practice.** Progressive health systems and hospitals increasingly include Patient and Family Advisory Councils to guide patient-centered system changes and to educate future providers about creating patient partnerships.<sup>5</sup> Inviting patients to the table—asking them for their ideas and input—can yield insights valuable to your practice and empowers patients to “own” their care. Report the results of their input and the changes you have made to other patients.

**Recognize the privileged role you can play helping shape a patient’s**

**dying process.** Your ability to set a tone and introduce resources such as hospice and palliative care cannot be underestimated. Learn more about how to talk about uncertainty, death and grief. Physicians can play extraordinary roles in facilitating more meaningful and supported death and dying experiences. Many clients come to the Center for Patient Partnerships after being told, “There’s nothing more we can do for you.” In fact, there are many things that can be done to ensure quality care—and quality of life—during one’s dying process.

Inviting patients as full partners in care requires action by professionals and patients. This will take time. But helping patients identify their assets and take self-advocacy steps—helping them set themselves up to succeed—is a key element in creating partnerships with patients. Patients should find comfort and confidence through your interactions with them as whole people. In return, they will reinforce your commitment to quality care.

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