An informed patient is a safer patient. That is the belief of the WEA Trust, a not-for-profit insurer serving Wisconsin public school employees and their families. Encouraging Trust members to be vigilant partners with their health care professionals aligns strategically with our organization’s mission to optimize member health and well-being. The WEA Trust recognizes that members indeed play a critical role in their health care and have the ability to help reduce medical errors, improve health care outcomes and quality of life, and help reduce costs associated with miscommunication and error. This article describes what was learned from WEA Trust members as we designed and developed a member-focused educational campaign on health care quality and safety.

Existing Patient Education Tools
In developing information, tools, and empowerment strategies for our members, we evaluated available resources from reputable national organizations. While patient empowerment books, advisories, and checklists were abundantly available, few, if any, provided practical tips patients can use to maximize increasingly complex and time-limited patient-provider interactions.

Of greatest concern were the findings of Entwistle, Mello, and Brennan in their critique of 5 leading advisories intended to instruct patients about actions they can take to avoid errors and harms in their care. According to their analysis, the development of these advisories did not include patient input, little was offered about what providers should be doing to ensure safety, and practical support for patients was inadequate to carry out the recommended actions. Some messages suggested an inappropriate shifting of responsibility for safety to the patient. Message reinforcement and practical support by providers for patient roles envisaged by these advisories were deemed critical by the authors. Research further suggests that actions perceived by the patient as “checking on” or “challenging” a provider are, at a minimum, problematic.

Member Focus Groups
As a result of this research, we conducted qualitative focus groups and surveys to learn how WEA Trust members feel about the quality and safety of their health care and what control they perceive they can exert over the health care they receive. The research was specifically designed to document the degree to which members are proactive in their health care and what enablers, barriers, and values potentially contribute to this behavior. We also tested member reactions to 4 communication concepts on tone, motivating qualities, and believability.

Fifty members participated in the 4 focus groups. They were recruited randomly across occupational classes from within a 30- to 60-mile radius of Madison or Wausau. Forty-five of the participants completed a mailed pre-survey, which was intended to provide instructive input for the focus group process and to prioritize resources requested by members to help them be more proactive in their health care. Members were screened during the recruitment process to determine how much they have used the health care system. Two focus groups consisted of members with a major health or medical condition requiring regular physician visits, those currently on long-term medication requiring an annual prescription renewal, or those who were hospitalized within the last 3-5 years. Members who were “healthy” and did not meet the above criteria comprised the other 2 focus groups. The following summarizes the most significant findings from the pre-survey and focus groups.

Perceptions of the Health Care System
• 76% were extremely or moder-
ately concerned about the quality and safety of health care.
• 49% experienced a mistake or an omission in their care that negatively impacted the lives of their families.
• 38% switched health care professionals because they felt they were not receiving good care.
• 65% thought that most doctors are good and trustworthy.

Defining and Evaluating Health Care Quality
• 82% felt they were good judges of the quality of the health care they received. Members consistently identified what they thought were indicators of high-quality health care: feeling “good” following a visit; improvement in their health; a doctor who is truly interested, takes concerns seriously, listens and answers questions; and a doctor who is honest and makes eye contact. However, one member admitted, “I don’t know how you would know [if you were getting good care].”
• 94% agreed that they were comfortable asking their health care professional for clarifications.
• 60% agreed they were confident knowing what questions to ask their provider.
• All groups agreed that it is appropriate for patients to be proactive in their health care; however, several members alluded to unwritten “rules” about asking their doctor questions.
• 76% felt that it was their responsibility to ensure that they were getting good, safe health care.
• 38% have an easy time understanding health information on the Internet.
• 9% know where to go to find information about the quality and safety record of their health care professionals.
• 69% were interested in learning about where to find information about the quality and safety record of their providers.

The Impact of Patient Experience
The degree of involvement members have with the health care system strongly influences their awareness of quality issues and their readiness to change the way they interact with their providers.
• Members with significant health care needs are much more aware of the existence of quality problems and know they must be proactive in seeking safe, quality health care. Members in this group are ready to change the way they interact with the system and are eager to have the information and tools to help them in this effort.
• Low-utilization groups had extremely low awareness—in many cases disbelief or denial—that health care quality is relevant to them.

What Members Need
• WEA Trust members want a partnership relationship with their doctors—a relationship characterized by openness, encouragement, and empathy. Following are 2 comments from focus group participants:
  “I think that patients need that little bit of closeness with their doctor because sometimes you don’t want to ask [a question] and that’s just basically because the doctor doesn’t have time. They are rushed. They walk you through the examination so quickly just because they need to make it to the next patient...I just wish they would take a little more time finding out things, getting to know you a little bit, so then you could feel a little more comfortable asking questions.”
  “You just don’t want to insult the doctor when you ask him a question. They went to school for all this, this is their profession. Now, you, this person who is sick, that’s the only thing that you know, [and] you’re going to challenge them? I think you have to have a little bit more of a foundation there.”
• Members would like permission to speak up, ask questions, and be more proactive. Members in all focus groups indicated they would ask questions of their providers if they were “given permission” or told that it is their responsibility to do so. They need validation.
• Members want more information. They want to be educated and enlightened about health care quality and safety in a way that is factual, understandable, compelling, non-adversarial, and hopeful. Members reacted very negatively to message concepts that engendered fear or an adversarial relationship with their provider.
• Members want direction—specific steps they can take today to protect their health and their family’s health. They do not know what actions and words are acceptable and unacceptable, what is reasonable or unreasonable. They want to feel empowered.
• Members want to be proactive in their health care. Doctors and the health care system can and should be questioned. If a diagnosis doesn’t seem right, patients should say so. Patients should sort out their alternatives, be proactive with their own health, and be prepared with information.
Although this research clearly has limitations, we are incorporating what we learned from member perspectives into the design and
content of all future communications about health care quality and safety. We are committed to providing our members with the knowledge, resources, and tools they need to make the leap from being passive participants in their health care to functioning confidently as proactive members of their health care team who engage in preventive action.

In early 2007, WEA Trust members will begin receiving comprehensive educational materials, including practical tips and resources for improving communication with their health care professionals. Our goal is to help members appreciate greater value from their health care encounters and better outcomes as a result. How the “empowered” patient encounter will ultimately affect physician practice remains a question. By giving members permission to ask questions and providing them with resources to increase the self-efficacy needed to be engaged partners, the average health care encounter can be maximized, benefiting both patient and physician.

Are Wisconsin physicians ready to embrace and support the empowered patient?

**References**


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