Empowering patients with a written agenda

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The Empowered Consumer? The future health care consumer is characterized as engaged, activated, adherent, self-managed, vigilant, and empowered; a transformation from the passive role of the traditional patient. Patients who are active participants in their care have the potential for a positive impact on health care quality, safety, and efficiency. Employers and the health care community encourage patients to be engaged consumers, activated decision-makers, and partners in the financing and evaluation of their care. Patients are admonished through publicly available materials to speak up, ask questions, seek information about their diagnoses, challenge their health care professional, and help reduce the chance of errors and harms in their care.

However, a critique of leading patient safety advisories showed that patients are given little practical support to carry out actions recommended to improve the safety and quality of their care and that professional responses to patients may render their attempts for safer care ineffective. Patients may be asked to assert themselves within an environment that is not yet designed to support their requested contributions. A resulting mismatch between patient and clinician understanding and expectations can lead to decreased patient and provider satisfaction and less than optimal health outcomes.

Patient Centered Care and the Patient’s Agenda

Although providing care based on the patient’s expressed needs is fundamental to achieving patient-centered care, clinicians do not consistently address patients’ concerns. In fact, research has shown that, frequently, clinicians have preset notions of the content of the visit before a patient even begins his or her conversation.

In a study of patient-physician verbal interactions in primary care, physicians redirected the patient’s opening statement after a mean of 23.1 seconds. Once redirected, the descriptions were rarely completed. Patients allowed to complete their statement of concerns used only 6 seconds more on average than those who were redirected before completion of concerns. Late-arising concerns were more common when physicians did not solicit patient concerns during the interview. A study by Langewitz measured spontaneous talk time within an office visit. Patients seen in an internal medicine clinic within a tertiary referral center were given the opportunity to talk without interruption. The mean amount of spontaneous talking time was 92 seconds per patient, and 80% of the subjects (n=335) finished talking in less than 2 minutes. In all cases, the physicians felt that patients offered important information and that they should not be interrupted.

The Importance of the Question

A more recent study further explored the problem of interruption of patients’ opening statements within a visit. Audiotapes from 70 visits were analyzed to determine whether interruption affected the ability to identify all of a patient’s concerns. While interruption per se did not affect ability to elicit a patient’s concerns, failure to ask about a patient’s concerns was associated with a 24% decrease in physician understanding of the patient’s primary issue. In another study of 264 patient visits, researchers found that physicians solicited patient concerns in only 75% of visits. An average of only 6 extra seconds were needed for the patient to complete a list of his or her concerns.

Patients frequently do not voice their concerns without being expressly asked by their health care professional. A British study of 35

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patients found that only 4 patients voiced all of their concerns spontaneously in the visit. Non-verbalized concerns related to worries about a future diagnosis, the patient’s ideas about what was wrong, prescription questions, and social issues; all of which would be valuable information to the clinician. A larger British study of 756 patients analyzed written agenda forms completed by patients prior to a consultation with a general practitioner. Sixty percent of the patients analyzed had their own ideas of what was wrong with them, and 42% had scheduled an appointment because they had reached the limit of their anxiety about what was wrong. The authors concluded that most patients come to their visits with an agenda, and failure to address these agendas is likely to adversely affect the outcome of the patient visit.

A US study of 253 male outpatients found that 31% of the sample had 1 expectation, while 25% had 2 or more expectations of the physician visit. In this study, expectations were divided equally between tests, referrals, and new medications. Failure of the physician to meet these expectations did not affect patient satisfaction except in the cases of the patients who wanted a new prescription and did not receive one.

**The Patient’s Written Agenda**

Asking patients to explicitly write down a list of issues to bring to their visit has been suggested as a way to better match patient expectations and the outcome of the visit. A British researcher, who asked a cohort of his own patients to fill out a preprinted agenda form before their visit, found the number of problems per visit increased with the use of a written list, but the amount of time it took to deal with each problem decreased. This same researcher surveyed 49 general practitioners in England asking about their attitudes toward patients who bring in written lists to the visit. In this study, 71% of the physicians thought that lists helped clarify a patient’s problems, while 67% thought that lists were too time consuming. Ninety percent of the physicians thought that patients who brought in lists were “obsessive.”

Two randomized controlled trials conducted in Britain have examined the effect of using written patient agenda forms on the outcome of the visit. The first study found that when patients brought in a written agenda form, the number of problems identified increased by 0.2 per visit. When the physician was educated about how to use the agenda forms, the number of problems per visit increased by 0.5. Use of agenda forms by themselves was related to an increase in the average duration of the visit of 0.9 minutes. When the agenda forms were used and the physicians educated, the visits were longer by 1.9 minutes. Patient satisfaction with the doctor-patient relationship was higher when the agenda forms were used.

The second study was a large, controlled trial of 3124 patients who were randomized to either receive a written agenda form or not. The outcome of this study was to evaluate whether use of a written agenda form affected prescribing activity or patient satisfaction. There was no difference in prescribing behavior or patient satisfaction between the groups. The authors concluded that either the intervention did not achieve the intention of the patient’s agenda or patients may have been persuaded by their physician’s explanation during the visit.

**Conclusions**

While the need for patients to be actively involved in their care seems self-evident, patients experience unnecessary challenges in voicing their concerns and agenda for their care. Although patients are being asked to shoulder more responsibility as partners in their care, health care professionals may be reluctant to support and reinforce the patient’s agenda, particularly if it is perceived as prolonging the visit. Worse yet, patients attempting to be more proactive in their care could be perceived by the health care team as difficult, challenging, or obsessive. Patients likewise need help setting realistic expectations for what their provider can reasonably accommodate. Does the health care professional’s effectiveness improve when the patient takes part in setting the agenda for a visit? How are patient and professional satisfaction and health outcomes affected? Further research is clearly needed to understand and address professional and system barriers impeding the implementation of written patient agenda forms into primary care practice.

Until we establish systems of care that consistently reinforce and support the patient’s agenda for their care, patients will not realize their empowerment.

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**References**

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