Patient-Provider Communication and Asthma Management

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Objectives:

- Understand that effective Patient-Provider Communication can improve asthma self management
- Understand the role of the Electronic Health Record in Patient-provider communication
  - Focus on Asthma specific questions
  - Generation of a Health-Literacy appropriate written asthma action plan
The Challenge of Chronic Disease Management (Patient focus)

- Acute symptoms vs chronic disease
- Adult patients with asthma vs parents of children with asthma
  - Cultural barriers
    - Health beliefs
    - Trust
    - Culturally specific symptoms descriptors
      - “The Bother factor”
- Patient Activation: patient knowledge, skill, and confidence for self-management
Fostering the Patient-Provider Partnership

- Noreen Clark, *et al*
  - Careful listening, inquiring about at-home management, nonverbal attention, interactive conversation, tailoring short-term goals, and long-term therapeutic plan
  - The specific clinician communication behaviors predicted reduced health care use and positive perceptions of quality of care.
  - PACE program: Physician Asthma Care Education
    Information at: www.nhlbi.nih.gov › Information for Health Professionals

*The Clinician-Patient Partnership Paradigm: Outcomes Associated With Physician Communication Behavior: Clinical Pediatrics Vol 47 No 1 Jan 2008*
The Role of Patient-Provider Communication in Evaluating Asthma Control

- Asthma control determined by assessing a patient's degree of Impairment and Risk from asthma
  - Communication needs to give provider targeted information
- Cabana, Michael et al*:
  - Global assessment questions compared to specific assessment of asthma symptoms.
    - With global assessment question: 96% described child's asthma as under “good control” (Overestimation of asthma control)
    - With specific asthma questions: 34% described poor asthma control with frequent symptoms

*Asking the Correct Questions to Assess Asthma Symptoms. Clin Pediatr (Phila) 2005; 44; 319
Electronic Health Records (EHR)

- Concerns about impact on patient satisfaction and patient-provider communication
  - Johnson, Kevin B et al*:
    - Adding computer based documentation did not significantly affect either parent or physician satisfaction with the encounter
- Computer based decision support tools and provider guideline adherence
  - Guideline adherence can improve with improvement in patient outcomes
  - They can help with choosing treatment plans that meet the patient needs and still follow guidelines

Written Asthma Action Plans

- Important chronic care document
  - Provides a list of daily and emergency medications, triggers and provider contact information
  - Helps patients with asthma self management
- Should be generated in partnership with patients/families
  - Can be generated electronically during the visit with help from computerized decision support tools (eAAP or IAAP)
  - Written in room with input from patient/family
- Reviewed and used for Asthma Education
Fostering the Patient-Provider Partnership

- The patient interview translates into a conversation with goals for asthma management
  - Providers need to be aware of and integrate proven communication strategies into asthma care
  - Vague, global assessment questions lead to incomplete clinical information and places the patient at risk for inadequate asthma therapy.
    - Specific questions are needed to determine the frequency of daytime or nighttime symptoms.
- Electronic health records and computerized decision support tools should be integrated into the patient visit in ways that help facilitate communication and shared decision making
- Asthma Action Plans should be the chronic care document created as the result of shared decision making