The Art of the Patient Conversation: Advanced Practice Provider Perspectives to Improve Outcomes in Multiple Sclerosis

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Disclosures and acknowledgements

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Background, objective, and methods

Background

- Robust health literacy is defined by the CDC as the degree to which an individual can obtain, communicate, and understand health information/services[1]

- Health literacy is key to helping patients improve their outcomes and is particularly important for individuals managing chronic illnesses such as MS[2,3]

- Low health literacy in PwMS has been associated with negative health behaviors and increased emergency room visits[2]

- Variable levels of health literacy among patients also impact effective communication between HCPs and/or APPs and patients

- As APPs continue to strive towards optimal patient-centric care, it is critical to raise awareness of conversational techniques and enhance behaviors in clinical practice to effectively communicate with PwMS

Objective

- **Share multimodal strategies that APPs may implement during patient conversations to meet the needs of PwMS with varying health literacy levels**

Methods

- A working group of APPs discussed conversational tactics used in clinical practice and reviewed the literature on health literacy best practices

- Real patient conversations were analyzed to identify common strategies and best practices

- Practical strategies that may be easily implemented in clinical practice were devised

APPs, advanced practice providers; CDC, Centers for Disease Control and Prevention; HCPs, healthcare providers; MS, multiple sclerosis; PwMS, people living with MS.
1. Centers for Disease Control and Prevention. U.S. Department of Health and Human Services. 2021; Access Date 19 Apr 2021. https://www.cdc.gov/healthliteracy/learn/index.html
2. Marrie RA, Salter A, Tyry T, Fox RJ, Cutter GR. *Interact J Med Res*. 2014;3(1):e3. Published 2014 Feb 10. doi:10.2196/ijmr.2993
3. US Department of Human Health and Services. 2008. Access Date 19 Apr 2021. http://www.aaaceus.com/courses/nl0610/article2.html

Literature review and clinical experience suggest PwMS would benefit from enhanced patient conversations

- In a cross-sectional study of health literacy among NARCOMS Registry participants, 9019 individuals completed a questionnaire to measure health literacy which included the METER and the NVS Instrument[2]
  - While the majority of respondents performed well on the health literacy instruments, 34.48% (n=3006) of PwMS did not achieve functional health literacy as measured by both the METER and NVS instruments[2]
  - After adjustments for income, disability, and cognitive impairment, low health literacy correlated with an increase in the probability of ER visits and hospitalizations[2]
    - PwMS with low health literacy by METER had 13% increased odds of any ER visit (95% CI 0.96–1.33) and 19% increased odds of hospitalizations (95% CI 0.98–1.44)[2]
    - Using the NVS, PwMS with low health literacy had 28% increased odds of any ER visit (95% CI 1.10–1.48) and 17% increased odds of hospitalizations (95% CI 0.97–1.40)[2]
- Common themes identified in discussions included identifying reliable versus unreliable sources and sensational/overpromising language
  - Misunderstandings may be fueled by misleading information found online and/or on social media
  - Patient educational material that outlined healthcare basics helped encouraged better conversations

Health Literacy[b]

66% Functional

34% Low

13%[c]

95% CI 0.96, 1.33

Increased odds of **ER visits**

19%[c]

95% CI 1.11, 1.48

Increased odds of **Hospitalization**

relative to those with functional literacy
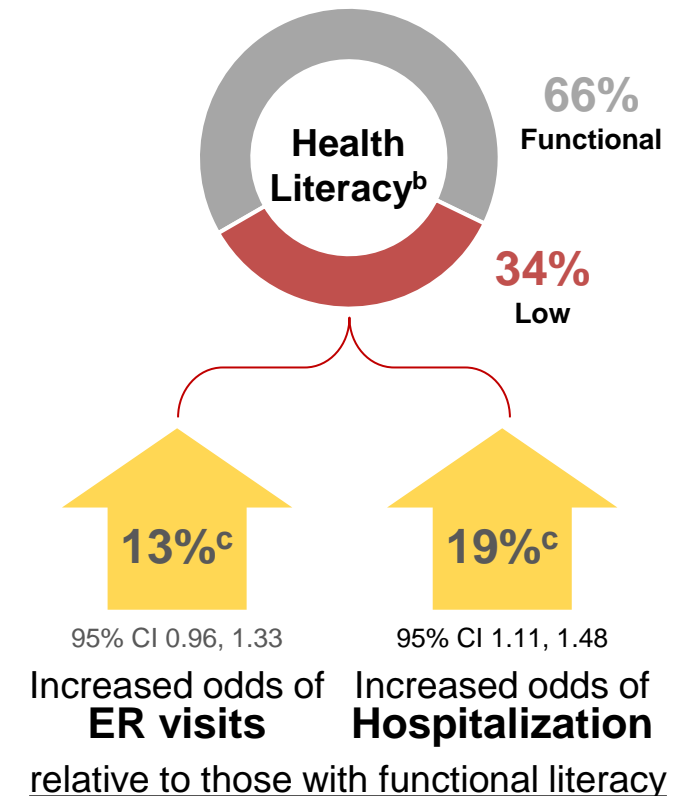
ER, emergency room; METER, Medical Term Recognition Test; NVS, Newest Vital Sign; NARCOMS, North American Research Committee on Multiple Sclerosis; PwMS, people living with MS. [a]In a multivariable logistic regression model adjusting for income, disability, and cognitive impairment; [b]Results from scores on both the METER and NVS health literacy assessments (n=8718); [c]Results from METER assessments (n=8719); results were similar for NVS.

2. Marrie RA, Salter A, Tyry T, Fox RJ, Cutter GR. *Interact J Med Res*. 2014;3(1):e3. Published 2014 Feb 10. doi:10.2196/ijmr.2993

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Practical techniques may be adopted to facilitate improved patient-provider communication

- Informed by these learnings, four practical techniques are suggested for adoption by APPs:
  - (1) plain-language, (2) teach-back, (3) open-ended questions, and (4) active listening/paraphrasing

Technique 1: Plain language

- Plain language is a strategy for making written and oral information easier to understand[4], and key elements include:
  - Organizing information so that the most important points come first
  - Breaking complex information into understandable/digestible format
  - Using simple language and defining technical terms
  - Using the active voice
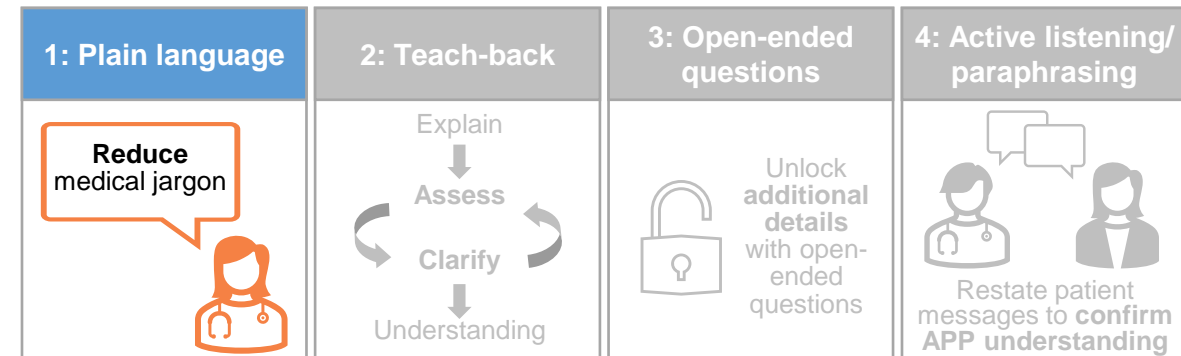
APPs, advanced practice providers.
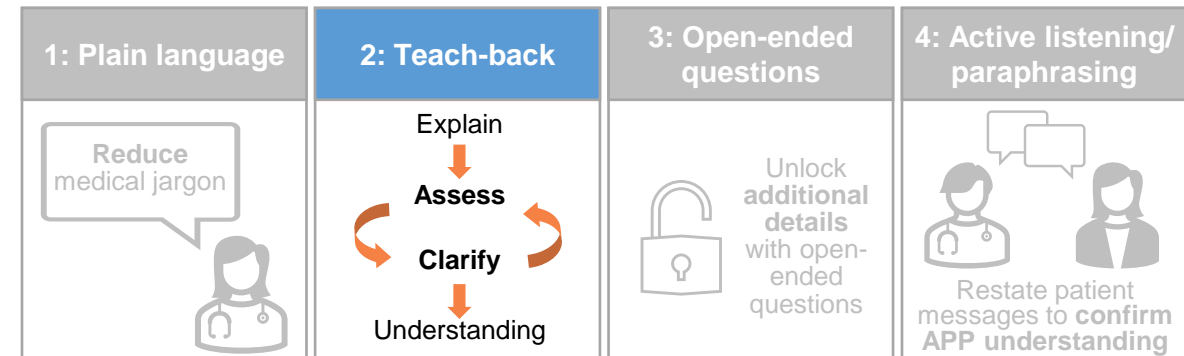4. U.S. Department of Health and Human Services. National Institutes of Health. Clear Communication. Accessed April 22, 2021. https://www.nih.gov/institutes-nih/nih-office-director/office-communications-public-liaison/clear-communication

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Technique 2: Teach-back

- Teach-back is asking patients to repeat in their own words what they need to know or do, in a non-shaming way[5]

- Teach-back tests how well the APP explained a concept and provides an opportunity to re-teach the information as needed

1: Plain language	2: Teach-back	3: Open-ended questions	4: Active listening/ paraphrasing
Reduce medical jargon	Explain → Assess ⇄ Clarify → Understanding	Unlock additional details with open-ended questions	Restate patient messages to confirm APP understanding

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Technique 3: Open-ended questions

- Open-ended questions may elicit a thoughtful response and are more likely to bring more details about the patient and/or their understanding to light

- When gathering information, begin with an open-ended question and then follow up with more focused questions to gather specific details

- Examples of open-ended questions include:
  - Tell me what medication you take for multiple sclerosis?
  - What were you told the medication is for?
  - How were you told to take the medication?

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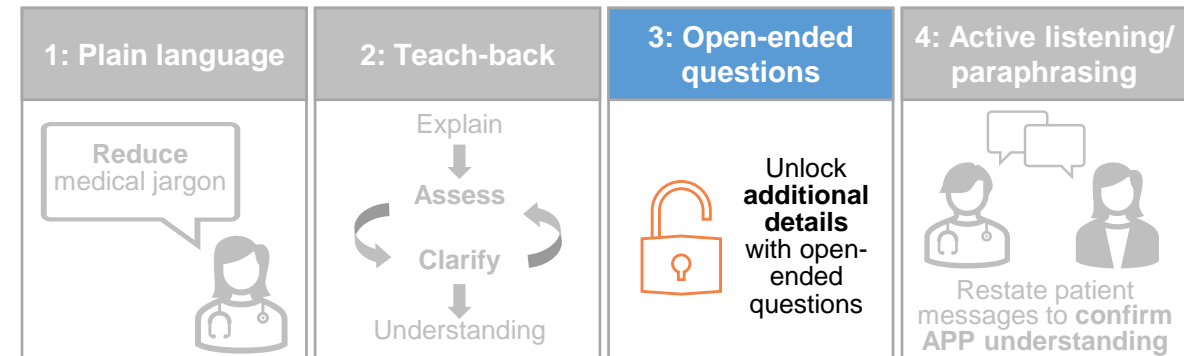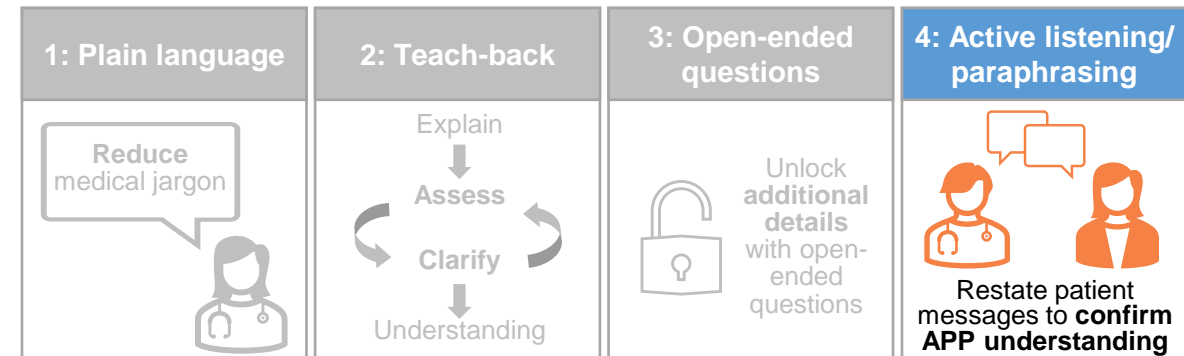APPs, advanced practice providers.

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Technique 4: Active listening/paraphrasing

- When listening to a patient or caregiver, seek to understand the speaker's message, state what has been heard, and show understanding without implying agreement and/or evaluating

- An appropriate paraphrasing statement may be empathetic and/or reflective, for example:
  - Patient: *I sometimes skip my pain medicine, because I feel very tired and nauseated when I take it*
  - APP*: In other words, you sometimes miss your pain medicine because you are concerned about increasing your level of fatigue?*

- This approach offers an opportunity for the patient to ensure the APP correctly understood them

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Implications for APPs

- Open communications between APPs and PwMS are important for meeting individual patient needs

- APPs may equip themselves with these techniques to ensure comprehensive conversations, thereby optimizing interactions with patients and building a trustworthy foundation for shared decision-making

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