What Doctors Wish Their Patients Knew
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Dear Employee -

Consumer Reports is excited to work with the National Business Group on Health and your employer to bring you some of the most important health stories we have recently published. For 75 years, Consumer Reports has published information that helps consumers make better choices about the things they buy. We think it’s time that consumers approach health care the same way.

The first article focused on hospital infections, especially the most deadly kind: bloodstream infections caused by central-line intravenous (IV) catheters. The second examined tests and treatments related to heart disease that do not work as well as many of us think. The third focused on dangerous supplements, many advertised as health promoting but in fact risky.

Our latest article in this series, based on a comprehensive survey of patients and doctors, focuses on the relationship between them. An enduring relationship that is professional, respectful, and caring is the goal. Physicians most want patients to follow their advice. But challenges are frequent. Many patients now go online to look for medical information. Physicians are often skeptical of much of that information. And some physicians access drug-sales staff for information. Patients are rightfully concerned about that source. Doctors acknowledge that some situations pose challenges, especially pain control. And of course the world is changing. More and more medical-record information is electronic and is therefore more easily available to all. Both have concerns about how the length and thoroughness of office visits.

Here at Consumer Reports we take the same approach to health care as we do to other kinds of products and services. Start with our own independent experts. Provide perspectives from trusted sources especially consumers. Present meaningful comparisons along with examples from real people. Urge an assertive but constructive approach. Give consumers simple tips to avoid problems and improve results.

We look forward to hearing any thoughts you have about this article or others you will see in the future. Contact us by sending an e-mail to HealthImpact@cr.consumer.org.

Sincerely,

John Santa MD MPH
Director, Consumer Reports Health Ratings Center
What doctors wish their patients knew

Surprising results from our survey of 660 primary-care physicians

The typical office visit with a primary-care doctor lasts about 20 minutes—and is sometimes even shorter. Getting the most out of those precious minutes requires navigating a complex relationship and addressing a number of often complicated and sometimes emotionally charged, medical issues. Despite those constraints, three-quarters of the 49,007 Consumer Reports subscribers we surveyed said they were highly satisfied with their doctors. But they still had complaints ranging from the irritating, such as having to sit too long in the waiting room, to the substantive, such as ineffective treatments.

We also surveyed 660 primary-care physicians who had a lot to say about their professional challenges—and about what patients could do to get the most out of their relationship with their own doctors. Some highlights of the surveys:

- Doctors and patients alike put a high value on courtesy and professionalism.
- Patients aren’t taking full advantage of strategies that doctors think are helpful, such as taking notes during their visits.
- Not knowing much up front about a doctor’s personality or treatment style was a real obstacle for patients in search of a good match.

Together those survey results help create a road map toward a more productive relationship with someone who, after all, should be your most important health-care professional.

“A primary-care doctor should be your partner in overall health, not just someone
you go to for minor problems or a referral to specialty care," said Kevin Grumbach, M.D., professor and chair of the department of family and community medicine at the University of California at San Francisco.

The Consumer Reports National Research Center conducted the subscriber survey in 2009 (our readers may not be representative of the U.S. population as a whole). The online poll of a national sample of primary-care physicians was conducted in September 2010.

Physicians take the long view
Doctors said that forming a long-term relationship with a primary-care physician is the most important thing a patient can do to obtain better medical care, with 76 percent saying it would help "very much."

"That continuity is really undervalued," said Jessie Gruman, Ph.D., president of the Center for Advancing Health, a patient-advocacy group in Washington, D.C.

Gruman said that because of a health history that included three separate bouts of cancer, her longtime primary-care doctor urged her to tell him promptly about any new symptom, no matter how minor, that lasted more than two days.

"I hate the idea that my health is fragile," she said. "He was able to capture my imagination and get me to act in a way that was consistent with my interests." When new symptoms appeared, Gruman told her doctor. Four days later, she was diagnosed with stomach cancer.

Research seems to back up Gruman's experience. It suggests that patients who frequently switch doctors have more health problems and spend more on care than patients who have a consistent relationship with a single physician.

Respect is a two-way street
Being respectful and courteous toward your physician was the No. 2 thing doctors said patients could do to get better care; 61 percent said it would help "very much." But 70 percent said that since they had started practicing medicine, respect and appreciation from patients had gotten "a little" or "much" worse.

Respect is a two-way street. Patients who gave their doctors high marks for "professionalism" were more likely to be highly satisfied. We measured professionalism by looking at whether patients thought they had been treated respectfully and whether their doctor seemed technically competent, took their medical history into account, listened with patience and understanding, and spent enough time with them. The more of those standards their doctors met, the higher the patients' overall satisfaction.

But being courteous doesn't mean you have to be passive (though you can if you wish); 37 percent of patients we surveyed preferred to trust their doctor's judgment on treatment decisions. Most doctors said that it was "somewhat" or "very" helpful for patients to ask them questions and occasionally question their recommendations; a mere 4 percent thought those strategies were downright unhelpful.

Please take your medicine
Noncompliance with advice or treatment recommendations was the top complaint doctors had about their patients. Most of the doctors we surveyed said it affected their ability to provide optimal care: 37 percent said it did so "a lot."

But compliance these days can be a lot more complicated than just remembering to take a pill, patient advocate Gruman said. Hospitals are sending patients home with long lists of self-care chores. Drug
and lifestyle regimens allow those with chronic conditions to live longer, healthier lives but can be difficult to manage or, in some cases, for patients to afford.

Compliance doesn’t necessarily mean following your doctor’s instructions slavishly, said Ronald Epstein, M.D., director of the Center for Communication and Disparities Research at the University of Rochester Medical Center in New York. Some patients don’t follow treatment programs because they’re disorganized, he said, but others might fail to comply because they’ve experienced serious side effects, don’t fully understand what they’re supposed to do, or found the treatment wasn’t working. “Doctors need to make it safe for patients to bring those things up,” he said.

Feel free to discuss, even debate, your doctor’s treatment plan while you’re still in the office. Then do your best to comply. If you’re having side effects, are unsure about minimizing pain, discomfort, or disability caused by a condition. Only 37 percent of physicians thought they were “very” effective, though 60 percent more thought they were “somewhat” effective. But 79 percent of patients said their doctor helped to minimize their pain or discomfort.

Perhaps that’s because patients were thinking only of their own conditions, whereas doctors were thinking of their overall effectiveness with all of their patients, including those with chronic conditions that are difficult to diagnose and treat, such as fibromyalgia, immune disorders, headaches, neck and back pain, and depression and anxiety. Our survey found that patients with those conditions were significantly more likely to complain about ineffective treatments. Just 33 percent of physicians thought they were “very” effective, though 60 percent more thought they were “somewhat” effective. But 79 percent of patients said their doctor helped to minimize their pain or discomfort.

“We don’t remember as well as we usually do. Taking notes, making sure you understand the doctor’s instructions, and taking somebody with you to pay attention can compensate,” she said.

Research online, but carefully

The patients we surveyed were enthusiastic online researchers; 61 percent reported that they had read about their condition on the Internet. Doctors are not convinced that online research is helpful, to put it mildly. Almost half of physicians we surveyed said online research helps very little or not at all, and just 8 percent thought it was very helpful.

Epstein said those findings don’t mean you should close your browser, just that you should be a smart online researcher. “People have motivations for posting things on the Web, and some of those motivations may not be helpful,” he said. For instance, be wary of links that advertisers paid for or product sites designed to guide you to a specific treatment.

Instead of starting by entering the name of your condition in a search-engine box, try going directly to a few reliable sites. Our health site, ConsumerReportsHealth.org, reviews impartial evidence and takes no advertising (but some of its content is available only to paying subscribers). Government sites are also a good place to start. Try these:

- Centers for Disease Control and Prevention (www.cdc.gov) for information on infectious disease, travel health, and preventive care.
- Food and Drug Administration (www.fda.gov) for drug information.
- MedlinePlus (www.medlineplus.gov) for information about conditions and diseases.

We also recommend high-quality academic treatment-center sites, such as those of the Mayo Clinic (www.mayoclinic.com) and the Cleveland Clinic (www.clevelandclinic.org).

If you find information online that you want to discuss with your doctor, print out only the relevant parts.

Doctors are pressed for time

Physicians said the sheer volume of insurance paperwork was No. 1 on the list of things that interfere with their ability to provide optimal care. Next was financial pressures that may force the majority of primary-care providers in our survey to
work more than 50 hours a week seeing more than 100 patients.

But that doesn’t mean you should settle for hasty care. Patients who perceived that their doctors cut corners were likely to be less satisfied. They were more likely to report that their doctor was too quick to dismiss complaints or symptoms and were more uncertain about what to do after an office visit.

To get the most out of your time, plan ahead. Jot down a list of questions or concerns you’d like to address during your appointment, and prioritize them so you get to the most important ones first. If you don’t have time to discuss everything, ask whether you can follow up by e-mail (that is, if you can; only 9 percent of patients said they e-mailed their doctor directly in the previous year).

The doctors we surveyed are clearly chafing against health-plan rules and restrictions. Most said such red tape interfered with the care they provided, and 42 percent said it did so “a lot.”

You can’t do much as an individual about burdensome health-plan rules, but you can avoid unwelcome surprises by reading through and understanding your health coverage. (Ask your human-resources department for help if you need it.) For instance, inquire about your plan’s formulary, a preferred list of drugs for which it charges a lower co-pay. Understand what services your deductible applies to, and find out what rules, if any, apply if you need to see a specialist.

They talk to drug salespeople

The medical profession has not always been the most transparent. The American Medical Association, for example, has fought to keep the Medicare payment records of individual doctors confidential. Here are a couple of things that primary-care doctors might not want to tell you:

• They talk to drug companies more than you might realize. The majority of doctors we surveyed said that pharmaceutical company representatives contacted them more than 10 times a month. Thirty-six percent were contacted more than 20 times a month. On average doctors said they spend a few hours a week dealing with pharmaceutical salespeople.

Our patient survey suggests that’s a possible point of friction. Patients were less satisfied when they thought their doctors relied too much on prescription drugs and were unwilling to consider non-traditional or nondrug treatments. More than one-quarter of patients indicated some level of discomfort with their doctors’ inclination to prescribe drugs. If you are concerned about your doctor’s relationship with pharmaceutical companies, don’t hesitate to bring up the subject at your next visit.

• Doctors are dubious about patients’ need to know about malpractice claims or professional disciplinary actions. Forty-seven percent said information about whether the physician has been involved in a malpractice lawsuit was “of little value.” Only 17 percent said that information about disciplinary actions by medical licensing boards was “very valuable.”

It’s true that a malpractice suit can befall any doctor and that disciplinary actions from medical boards don’t necessarily represent the doctor’s overall skill. Still, disciplinary actions levied by medical boards can be for serious offenses, such as substance abuse or criminal behavior, that could affect your care. You might be able to look up your doctor’s record online, though the information that’s available differs by state. Find your state’s medical board at the Federation of State Medical Boards website, at www.fsmb.org, or try your state health department.

Home sweet medical home

If you haven’t already heard the term “patient-centered medical home,” chances are you will soon.

“Our health system has become so fragmented that patients don’t know where to go for help and how to get it,” said Ronald Epstein, M.D., professor and director of the Center for Communication and Disparities Research at the University of Rochester Medical Center in New York. The medical home, he said, is designed to “give patients someone who knows them as a person,” guide them through the system, and make sure their “needs are placed front and center.”

In a medical home, the doctor becomes an advocate for the patient, “not a gatekeeper that restricts access to services,” said Kevin Grumbach, M.D., chair of the department of family and community medicine at the University of California at San Francisco.

By keeping patients with chronic conditions healthier and out of hospitals and emergency rooms, and reducing wasteful and duplicative services (such as multiple tests when only one is needed), Grumbach said, medical home practices “are also showing lower costs.”

The health-reform law includes incentives to create medical homes. Several states are already paying doctors extra to oversee the health needs of Medicaid recipients, and in some cases private insurers are participating in the experiments. Medicare is set to launch its own pilot program in coming years.

“Official” medical homes are still few and far between, but any practice can be more patient-centered. Here are some consumer-friendly features to look for:

• Can you get an urgent appointment within 24 hours?
• Can you reach somebody in the practice by phone at night or on weekends?
• Can you get your test results quickly via e-mail or telephone, or online?

• If you have a chronic condition, is there a system for tracking how you’re doing?
• Does the practice include non-M.D. staff members such as nutritionists or nurse-practitioners to help you manage your medications or chronic condition?
• Does your primary-care doctor keep track of your treatment by specialists?
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