

Patient-Centered Learning™
Healthcare service and collaboration skills



Research on Healthcare Communication Skills

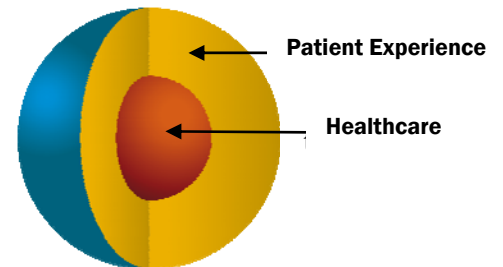


Research Conclusions and Recommendations

The research summarized in this document points to the poor quality of healthcare interpersonal communication skills, its negative effects on the costs and quality of healthcare and on Americans' health, and supports the need for innovative learning interventions and performance management systems focused on improving healthcare professionals' interpersonal communication skills with patients and each other.

The Healthcare Experience Paradigm

The communication research supports the model, illustrated to the right, that healthcare is delivered within, and is inseparable from, the patient's experience. Further, the research supports the conclusion that the quality of healthcare is improved by asking, listening, and responding to each patient's complete VOICE, illustrated below.



Patient's VOICE® Skill Clinics

Based on the research, Customer Focus has developed 50-minute on-the-job Skill Clinics™ delivered by local leaders that provide proven service and communication skills to improve healthcare satisfaction, quality, and cost-control. The Skill Clinics reduce time-off costs, travel costs, and facilitator costs while optimizing spaced learning and on-the-job practice and feedback.

Clients can target the Skill Clinics to support existing programs or for different groups, or to launch a patient-centered culture. The Skill Clinics include built-in behavior-standards, job assignments, manager observation and coaching, employee incentive program, Train-the-Leader sessions; Manager and Physician materials; on-demand webinars for Leader-trainers; and 100's of job and manager tools and checklists – all for a few dollars a clinic for each employee.



Skill Clinics (Clinics 1-10 are Core Clinics)

1. Own Each Patient's Experience
2. The 4-P's of Respect
3. Build Other's Trust and Confidence in You
4. Greet Kindly and Manage Expectations
5. Ask & listen to each Patient's VOICE
6. Explain & Instruct for Informed Choice
7. Empathize to Save Time and Build Loyalty
8. Resolve Complaints & BlameFree Apology
9. Delight with GEMs™
10. Say "No" with I-Can™
11. SPEAK Up™ for Patients
12. SPEAK Up™ Against Abuse
13. Improve others' ideas and behaviors
14. Improve other's health behaviors
15. Share decisions with patients
16. Adapt to patient values and beliefs
17. Conclude completely and warmly
18. Coordinate & follow-up to assure care
19. Engage patients in their EMRs
20. Connect with phone skills
21. Manage and respond to emails
22. Commit to the 100 Healthcare Standards

For more information or to speak with a Customer Focus consultant, email:

HealthcareResearch@CustomerFocusInc.com

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Summary of Healthcare Communication Skills Research

Healthcare delivery in the United States is viewed worldwide as among the best in the world for its advances in clinical research, technology, and education. There is no doubt as to the medical skill, ethics, and dedication of the vast majority of healthcare professionals. However, research reveals fundamental flaws in the healthcare system and substantiates the need for major improvements in interpersonal communication with patients and among healthcare professionals.

A. The current state of healthcare

1. The US as a nation pays too much for its healthcare delivery.
 - ◆ \$2.3 trillion a year is spent on healthcare; 16% of its GDP (Poisal et al. 2007).
 - ◆ Of that, \$1.2 trillion (more than half) is wasted: unnecessary, inefficient, or preventable (Pricewaterhousecoopers' Health Research Institute 2008).
 - ◆ Insurers pay 52% more per patient for preventable surgical errors and 48% more for acute respiratory failure and post-operative infections (Encinosa & Hellinger 2008).
2. US health measures fall short in comparison to other industrialized nations.
 - ◆ The US ranks 42nd in life expectancy (Ohlemacher 2007).
 - ◆ Among industrialized nations worldwide, the US ranks 30th out of 31 in infant mortality (CDC 2009).
 - ◆ Out of 19 industrialized nations, the US is the worst at preventing deaths due to treatable diseases (Dunham 2008).
3. Healthcare providers are contributing to healthcare problems.
 - ◆ Nearly a quarter of a million Americans die each year from errors, prescriptions, and infections (Whelan 2008; Lazarou et al. 1998; Starfield 2000).
 - ◆ 98,000 Americans die in US hospitals every year from preventable medical errors (Corrigan, et al, IOM 1999)
 - ◆ On average, every hospitalized patient will incur one medication error every day of their hospitalized stay. (IOM 2006).
 - ◆ In 77% of patient/physician interviews, the patient's true reason for visiting was never elicited (Denham, et al 2008).
4. Patients are contributing to healthcare problems.
 - ◆ One third of all healthcare costs (CDC 2005) and one third of all deaths (Mokdad et al. 2004, 2005) are due to patient behavior — smoking, diet, and inactivity.
 - ◆ One-third of all adults are obese and two-thirds, overweight (Ohlemacher 2007).

B. The importance of patient satisfaction and healthcare communication skills

1. Patient satisfaction is directly related to healthcare quality and outcomes. Patient satisfaction has been shown to be positively related to:
 - ◆ patient outcomes (Sobel 1995; Donabedian 1988; Babakus and Mangold 1992)
 - ◆ quality of care (Steiber 1988)
 - ◆ adherence (Ware and Davies 1984; RAND et al. 1993)
 - ◆ loyalty (Atkins et al. 1996)
 - ◆ personal referrals (Jones and Sasser 1995; Gitomer 1997)
 - ◆ employee satisfaction (Press Ganey 2005; Wolosin 2004; Press Ganey 2007)
 - ◆ profitability (Kenagy et al. 1999; Nelson et al 1992; Brown et al. 1993; Press Ganey 2002; Garman et al. 2004)
2. Patient satisfaction has been shown to be negatively related to:
 - ◆ hospitalizations (Safran et al 1998; Saultz and Albedaiwi 2004)
 - ◆ no-shows (Moore et al. 2001; Linn et al 1985; Lacy et al. 2004)
 - ◆ mortality rates (Jaipaul and Rosenthal 2003)
 - ◆ malpractice claims (Levinson 1994; Levinson 1997; Krowinski and Steiber 1996; Brown et al. 1993; Mack et al 1995; Beckman et al. 1994)
 - ◆ provider-switching (Safran 2001; Saultz and Lochner 2005)
3. Patient satisfaction is directly related to healthcare provider success:
 - ◆ Nearly half of patients have switched or considered switching providers based on negative service experience (Katzenbach Partners 2007).
 - ◆ 84% chose a provider based on communication skills and a caring attitude (Engstrom and Madlon-Kay 1998).
 - ◆ 3 of 4 patients rate hospital-quality based on perception of care, rather than objective measures (Professional Research Consultants 2006).
4. Patient satisfaction is primarily influenced by healthcare communication skills.
 - ◆ The strongest predictor of overall H-CAHPS (patient assessments) score is how patients rate provider communication skills (Bavin and Fulton 2008).
5. Malpractice and liability are related to healthcare communication skills.
 - ◆ Communication is the primary preventer of malpractice suits (Sanders and McBride 1998; Levinson et al. 1997; Beckman et al. 1994).
 - ◆ Physicians can directly impact their exposure to risk by discussions with patients and their families after unexpected, adverse or poor care outcomes. (Crane 2008)
 - ◆ Physicians, surgeons, and anesthesiologists can reduce their liability exposure by

practicing better communication skills with their patients and families in the perioperative timeframe (Michota & Donnelly 2009).

5. Effective healthcare communication skills are known and can be improved through behavior-based learning.
 - ◆ Leading medical researchers and educators consistently advocate patient-centered shared decision-making, partnerships, negotiation, and collaboration.(Berwick, 2009; Leape, 2001)
 - ◆ Medical experts agree on effective relationship-building skills (Makoul 2001).
 - ◆ Communication skills and empathy training in healthcare has proven effective (Smith et al. 1998; Roter et al. 1995; Yedidia et al. 2003; Putnam et al. 1988).
 - ◆ Studies have shown that empathy is teachable (Coulehan et al. 2001; Mercer and Reynolds 2002), but does not improve during medical school without training (Poole and Sanson-Fisher 1979).
 - ◆ Behavioral medicine in medical education develops communication skills that improves the doctor-patient relationship and can result in greater patient satisfaction. (Brook, et all 2000)
 - ◆ Physicians' are able to improve their communication skills through self-directed learning in clinical practice, especially if combined with structured self-assessment and learning. (Tagawa 2008)
 - ◆ An interactive, case-based design of a CME course following the team-based learning concept leads to a significant gain in the participants' knowledge. (Kuehne Eversmann & Eversmann 2008).

C. The case for improving healthcare communication

1. Communication skills affect healthcare effectiveness.
 - ◆ Poor communication is the #1 cause of the \$1 billion annual cost of non-compliance (Coams et al. 1995).
 - ◆ It is the reason 44% of patients leave their medical provider (Slomski 1995).
 - ◆ Slightly more than 50% say that good communication is the #1 reason they chose a hospital or clinic (Katzenbach Partners 2007).
 - ◆ Three of four patients rate hospital quality based on their perception of care rather than objective measures (Professional Research Consultants 2006).
 - ◆ Injured patients and families who have brought legal action against a medical provider say it is because they received no communication or discussion after the care. (Gibson 2003)
 - ◆ Improved collaboration between nurses and doctors improves patient outcomes and healthcare processes, (Zwarenstein 2002).
 - ◆ High reliability organizations (HROs) establish a community of collaboration and encourage successful localized decision making based on developing effective teamwork skills (Cohen 2005).

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- ◆ 75% of healthcare providers reported asking a third party to clarify a medication order rather than to interact with the intimidating prescriber (ISMP 2004).
 - ◆ Only 39% of healthcare providers feel their organization effectively deals with intimidating behavior (ISMP 2004).
 - ◆ Multidisciplinary teams on every level of healthcare, including between public health agencies as well as between individuals will be necessary for effective collaboration (Riley et al 2010).
 - ◆ Sending critical alerts via messaging systems to patients as well as clinicians significantly increases compliance within evidence based guidelines. (Rosenberg 2008).

2. Good communication skills benefit healthcare providers, including:

- ◆ Better health outcomes (Stewart et al. 2000; Makoul 2001; Stewart 1995; Bertakis et al. 1991; DiMatteo 1994; Gruninger 1995; Kaplan et al. 1989)
- ◆ Improved adherence (Stewart et al. 1999; Becker 1985) and better self-management (Glasgow et al. 2003)
- ◆ More appointments, fewer cancellations, fewer complaints (DiMatteo et al. 1986)
- ◆ Reduced costs (Epstein et al. 2005), and more satisfied (Williams et al. 1998; Bertakis et al. 1991), and loyal customers (Gordon et al. 1995).
- ◆ Patient-centered interactions take little or no extra time (Roter et al. 1997; Belle Brown 2003; Henbest and Fehrsen 1992; Stewart 1985; Roter et al. 1995; Levinson and Roter 1995; Roter et al. 1997) or are shorter (Levinson et al. 2000; van Dulmen et al. 1997).
- ◆ Reduced liability exposure (Crane 2008)
- ◆ Higher degrees of professionalism which lead to improved provider peer working relationships (Papadakis, et al 2005).
- ◆ Government and accrediting organizations are requiring public reporting of healthcare data to allow patients to be a more effective member of the healthcare team (Colmers 2007)
- ◆ Nurses can improve the care of patients by improving observation and listening skills during the handover process (Davis & Priestly 2006)
- ◆ Awareness of patient needs and physician factors help to minimize malpractice risk and improve patient outcomes (Vukmar 2004).

D. Communication needs of patients

1. Healthcare communication has been primarily directed at the needs of the organization — not the patient.
 - ◆ The receptionist in a medical setting may greet patients by name and ask, How are you? But the focus is on completing paperwork to ensure billing.
 - ◆ Then there's the wait in the reception area and in the examining room. The message is that only the doctor's time is valuable.
 - ◆ Providers routinely double and triple book appointment times without letting patients in the waiting room know how long their wait will be.
 - ◆ Patients are left to figure out the maze of healthcare steps including how and where to get tests completed and where to obtain the results. They're often handed critical information and told to transport it to the next provider.
 - ◆ Healthcare in general, is not viewed as customer friendly. Banks, hotels, stores, and even airlines are seen by many as more welcoming than healthcare (Katzenbach Partners 2007).
 - ◆ One patient in four reports that healthcare providers fail to create a positive, caring environment (Katzenbach Partners 2007).
 - ◆ 36% of patients say staff is indifferent or unhappy (Katzenbach 2007).
 - ◆ Iatrogenically injured patients and families overwhelmingly report not receiving any communication from providers after the injury when they need answers (Gibson 2003).
 - ◆ When outcomes are not expected an appropriately framed apology can build the relationship and not cause more damage (Weeks 2003).
 - ◆ Patients expect to be told accurate information about their diagnosis, treatment, and treatment options (Gibson 2003).
2. Patients are not looking for extended social interactions.
 - ◆ Patients prefer that the physicians quickly show interest and seriousness, rather than extend pleasantries with detached calmness (Hall et al. 1981; Hall et al 1987; Kaplan et al. 1989).
 - ◆ Initial pleasantries should be a few seconds to less than one minute (Gross et al. 1998; Eide et al. 2003).
 - ◆ Patients want to be asked about their care experiences and that action will be taken to improve care if necessary (Gibson 2003; Berwick 2009)
 - ◆ When providers foretell not just the medical needs of patients and families but also their convenience needs (places for valuables, directions, wireless access to communicate with extended family, etc) the overall care is rated more satisfactory and positive (Smith 2010)

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3. Evidence suggests that many healthcare providers do not listen to the patient; in fact, their actions shut off the flow of information.
 - ◆ Only 28% of patients complete their opening statement (Marvel et al. 1999).
 - ◆ On average, healthcare providers interrupt within 18 seconds, after which patients stop talking unless asked to (Beckman and Frankel 1984).
 - ◆ 81% of healthcare providers interrupted or didn't listen to their patients (Tuckett et al. 1985).
 4. As a result, critical health concerns may not be addressed or even uncovered.
 - ◆ The first presenting problem is usually not the patient's primary concern (Beckman and Frankel 1984).
 - ◆ Only 11% of patients say they reported all of their agenda (Barry et al. 2000).
 - ◆ Patients average 3 to 6 concerns per visit (Starfield et al. 1981; Good and Good 1982; Wasserman et al. 1984; Greenfield et al. 1985; Braddock et al. 1999; Tai-Seale et al. 2007; Beasley et al. 2004), yet fewer than half are uncovered.
 - ◆ 54% of patient complaints and 45% of concerns are not uncovered (Stewart et al. 1979).
 - ◆ In half of all visits, the HP and patient didn't agree afterward on the main presenting problem (Starfield et al. 1981).

E. The essential skills of asking and listening to patients

1. Provider skills of asking and listening have a direct impact on the quality of care.
 - ◆ Meta-analysis shows most of the \$1 billion-a-year cost of non-compliance is due to failure to ask questions and to consider the patient's attitudes, beliefs, and expectations (Coombs et al. 1995).
 - ◆ Asking and listening to patients is critical for identification of concerns (Lang et al. 2002; Bass and Cohen 1982) and accuracy of diagnosis (Peppiatt 1992).
 - ◆ Asking and listening to the patient's perspective has positive physiological outcomes (Stewart et al. 1995).
 - ◆ In clinical trials, collaboration has been shown to reduce unexplained symptoms (Kroenke and Mangelsdorff 1989; Katon and Walker 1998), diabetic symptoms (Kaplan et al. 1989), headaches (Headache Study Group 1986), psychosocial issues (Roter et al. 1995; Stewart et al. 2000a; Klinkman 1997), and illness duration (Little et al. 1997).
 - ◆ In addition, it lowers blood pressure (Orth et al. 1987; Kaplan et al. 1989), and speeds recovery from upper respiratory infections (Brody and Miller 1986).
 - ◆ On the other hand, ignoring or trivializing patient views causes real pain and suffering (Kuhl 2002).

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2. To improve asking and listening to patients:
 - ◆ Start with open and move to closed questions (Goldbert et al. 1983). Open questions resulted in more satisfied patients (Stiles et al. 1979), more relevant information (Roter and Hall 1987; Maguire et al. 1996b; Rutter and Cox 1981; Cox et al. 1981a; Cox et al. 1981b; Cox 1989), and more accurate diagnosis.
 - ◆ Remain quiet for 3-seconds after the patient has stopped talking. This encourages the patient to contribute more information, ask more questions, and provide insight into his or her thinking; it allows healthcare providers more time to listen, think, and respond appropriately (Rowe 1986).
 - ◆ Remain open and seek opportunities to collaborate with multidisciplinary teams. Multidisciplinary teams have been shown to increase positive outcomes in surgeries and overall healthcare delivery (Sower, et al 2008).

F. Asking and listening is part of the healthcare process

1. Asking and listening is central to the role of healthcare providers.
 - ◆ Patient-centered, collaborative interactions directly impact the healing process (Cecchin 1987; Egnew 2005).
 - ◆ It improves resolution of concerns (Henbest and Stewart 1990a; Henbest and Stewart 1990b; Little et al. 1997), and patient satisfaction (Korsch et al 1968; Lazare et al 1975; Eisenthal and Lazare 1976; Eisenthal et al. 1979; Little et al. 1997; Kinnersley et al 1999; Little et al. 2001b; Abdel-Tawab and Roter 2002; Lang et al. 2002), as well as increases patient recall and understanding (Tuckett et al. 1985; Arborelius and Bremberg 1992), compliance (Dowell et al. 2002; Abdel-Tawab and Roter 2002; Bass et al 1986), coping (Wright et al. 1996), self-management (Von Korff et al 1997), and health-behavior change (Rollnick et al. 1999).
 - ◆ Collaborative interaction improves healthcare efficiency since it reduces the need for follow-up appointments, (Stewart et al. 1997) diagnostic tests, and referrals (Stewart et al. 2000a).
2. Research has shown that patient-centered interviews took little or no extra time (Stewart 1985; Roter et al. 1995; Roter et al. 1997), and in some studies, actually required less time (van Dulmen et al. 1997; Levinson et al. 2000).
3. Healthcare providers demonstrate poor asking and listening skills:
 - ◆ Over 80% either didn't listen to or interrupted the patient (Tuckett et al 1985).
 - ◆ Only 6% asked the patient's ideas and beliefs; only 3% referred to the patient's beliefs in their own explanations; only 7% checked the patient's understanding (Tuckett et al. 1985; Campion et al. 2002).
 - ◆ Over 90% ignored patients' stated beliefs (Tuckett et al. 1985; Campion et al 2002)
 - ◆ In surgery cases, 38% picked up on patient cues, in primary care, 21% (Levinson et al. 2000).
 - ◆ 90% of nurses had reported receiving or witnessing physician verbal abuse on at least one occasion in the previous year (Rosenstein 2002).

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- ◆ 33% of nurses rate the collaboration with physicians as high while 78% of physicians rank it as high (Thomas et al 2003).
4. Specific collaborative skill needs and improvement methods are known.
 - ◆ Healthcare providers' biggest mistakes were using closed questions too soon — checking their own thoughts (Kassirer and Gorry 1978; Barrows and Tamblyn 1980; Bick 1986; Mandin et al 1987) and cutting patients off (Beckman and Frankel 1984) — overusing uniform questions (Byrne and Long 1976), exercising high control and premature focus (Platt and McMath 1979), and failing to uncover and resolve discord in health beliefs (Kleinman et al. 1978).
 - ◆ Complex conditions of the aging population require greater collaboration among a growing number of specialties (Plochg 2009).
 - ◆ Communications curricula for medical students significantly improves physicians' communication competencies (Yedidia, et al. 2003).
 - ◆ CME programs that offer the physicians the opportunities to practice and improve communication skills and screening practices show a significant positive impact on the physicians use of these skills in patient practice (Zabar et al 2010).

G. Failures and fixes in informing patients

1. Patients' expectations for receiving information are not being met.
 - ◆ Patients want healthcare professionals to be more informative (Waitzkin 1984; Faden et al. 1981; Pinder 1990; Cassileth et al. 1980; Beisecker and Beisecker 1990) — especially in the areas of diagnosis, causation (Boreham and Gibson 1978; Kindelan and Kent 1987), and risks (Faden et al. 1981).
 - ◆ Patients' desire for information is not related to age, gender, race, or class (Waitzkin 1985; Barsevich, 1990; Davis et al. 1999; Stewart et al. 2000b).
 - ◆ Studies show that the skills necessary to understand and implement information in healthcare far exceed the skills of the average patient which leads to miscommunications and adverse outcomes (The Joint Commission 2003).
 - ◆ Patients typically recall only 45–55% of key information their caregivers provide (Dunn et al. 1993).
2. Informing patients improves patients' health and increases healthcare efficiency.
 - ◆ Information improves satisfaction; recall, understanding, adherence; pain control; and health outcomes (RAND et al. 1993; Hall et al. 1988; Bertakis 1977; Stiles et al. 1979; Deyo and Diehl 1986; Kaplan et al. 1989; Stewart 1995).
 - ◆ Information reduces patients' use of medication and length of hospital stay (Egbert et al. 1964; Mumford et al 1982).
3. Failure to inform patients has dangerous consequences.
 - ◆ 30% of patients given prescriptions had no name or purpose of the drug, 20% had no instructions, 80% had no frequency of dosage, and 90% no length of course (Svarstad 1974; Richard and Lussier 2003).

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- ◆ Half of prescribed medications are taken incorrectly (Haynes et al. 1996), at an estimated annual cost of more than \$100 billion (Berg et al 1993).
 - ◆ On average every hospitalized patient will endure one medication error every day of their hospital stay (IOM 2008)
4. Healthcare providers hinder the flow of information to patients.
- ◆ Over 75% of patients don't ask questions of their healthcare providers due to intimidation, fear, or doubt (Tuckett et al 1985).
 - ◆ When patients do express ideas, most are interrupted, discouraged, or evaded (Svarstad 1974; Stimson and Webb 1975; Roter 1977; Beisecker and Beisecker 1990).
 - ◆ HPs spent approximately one minute giving information but overestimated that number by factor of 9 (Waitzkin 1984) — especially time spent explaining risks and the importance of patient adherence (Makoul et al. 1995).
 - ◆ When explaining and giving information, only 6% of healthcare providers ask the patient ideas or beliefs; only 3% relate to patient beliefs or views; only 50% include a rationale for their recommendations; and only 7% check the patient's understanding (Tuckett et al. 1985; Champion et al. 2002).
 - ◆ Healthcare providers withhold information and use jargon to control (Korsch 1968; Svarstad 1974; McKinley 1975), maintain status (Freidson 2007), or sugar-coat information to “protect” patients (Pinder 1990).
 - ◆ The ACGME requires physicians to demonstrate ability at interpersonal and communication skills to share information with patients and families however, very few surgical residents report receiving any feedback from their attendings. (Carpenter 2006)
 - ◆ Handoffs are high risk time for patient injury as a result of poor physician to physician communication. Training to improve these communications improves physician job satisfaction, as well as patient outcomes (Solet, et al 2005).
5. There are known ways to improve the skills of explaining and informing.
- ◆ Medical professional can significantly improve patient understanding and recall by categorizing and chunking information (Ley 1988), presenting the most important information first and last (Ley 1988), repetition (Ley 1988), asking patients to restate and write key points (Bertakis 1977), using shorter words and sentences (Ley 1988), using less jargon (Hadlow and Pitts 1991; Mazzullo et al. 1974), and providing information via multi-media (Tattersall et al. 1994; Tattersall et al. 1997; McConnell et al. 1999; Scott et al. 2001; Sowden et al. 2001).

H. Collaborating and sharing decisions with patients

1. Leading medical researchers and educators advocate more exchange of information and shared decision-making, including:
 - ◆ Patients included in grand rounds and training for situational assessments. (Kostopoulou & Delaney 2007).

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- ◆ Patient ownership of decisions with the aid of their healthcare provider (Slack 1977; Herman 1985)
 - ◆ Participative atmosphere, information-sharing, and decisions (Brody 1980)
 - ◆ Negotiating and contracting in consensual relationship (Quill 1983)
 - ◆ Discussion of patient decision-making values and process (Deber 1994)
 - ◆ Patient appraisal of benefits, costs, and barriers (Becker 1974)
 - ◆ Evidence-based patient choice (Hope 1996; Edwards & Elwyn 2001a; Ford 2003)
 - ◆ Shared decision-making, partnerships, and negotiation (Coulter 1999)
 - ◆ Mutuality, collaboration, and partnership in patient-centered medicine (Stewart et al. 1997; Tresolini and the Pew-Fetzer Task Force 1994)
 - ◆ Shared decision-making (Charles et al. 1997; Charles et al. 1999a; Charles 1999b; Elwyn et al. 2000; Coulter et al 1999; Elwyn et al. 1999; Elwyn et al. 2001; Holmes-Rovner et al. 2000; Schofield et al 2003; Godolphin et al. 2001)

2. Collaboration increases patient satisfaction and quality of health and life:

- ◆ Participative decision-making increases control over symptoms and outcomes (Kaplan et al. 1989; Kaplan et al. 1996; Brody et al. 1989; Schulman 1979; Stewart et al. 2000; Rost et al. 1991), adherence (Stewart et al. 1999), and satisfaction (Gattellari et al. 2001; Williams et al. 1998; Hall et al. 1981)
- ◆ Patients who were asked to restate and recall were more satisfied and increased information retention to 83% (Bertakis 1977).
- ◆ Patient involvement leads to mutual tension, anxiety, and anger — which patients perceive as positive expression of healthcare provider concern and attention (Roter 1977; Kaplan et al. 1989; Kaplan et al. 1996; Hall et al. 1981).
- ◆ Agreements that consider the patient's financial and social resources improved adherence (Lynch et al. 1997).
- ◆ Documentation of agreement leads to improved outcomes (Starfield et al. 1981; Starfield et al. 1979).
- ◆ General internists and primary care physicians are more satisfied when employing a patient centered care approach to care delivery (Cooke, et al 1995)
- ◆ Physicians must advocate for patient value, measurement of risk and outcomes, and organizing medical practices around specialty. (Porter M 2007).

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