

THE PATIENT PERSPECTIVE: WHAT RISK LOOKS LIKE

A Process Built on Trust and Empathy

In many cases, discussions about risk are either

1. Not happening
2. They are not recognized as such by patients
3. Overwhelming and can be emotional too



Risk needs to be seen as a feeling. We feel it.



When understood, risk can serve as a call to action to take steps to change behavior to manage or mitigate heart issues.

I had been diagnosed with heart disease
The numbers were very confusing...
I felt scared.



There is a lot of information to process.

Clinicians think [risk] is a science, but we experience it as individuals, and in many different ways. It's emotional, and it also impacts our families and other aspects of our lives.



It's not just about choices, but transparency and honesty.

Sometimes patients are afraid to ask, for example, about the side effects of a medication.



Many patients say that risk communication is not just about the information. Instead, it should be viewed as a process.

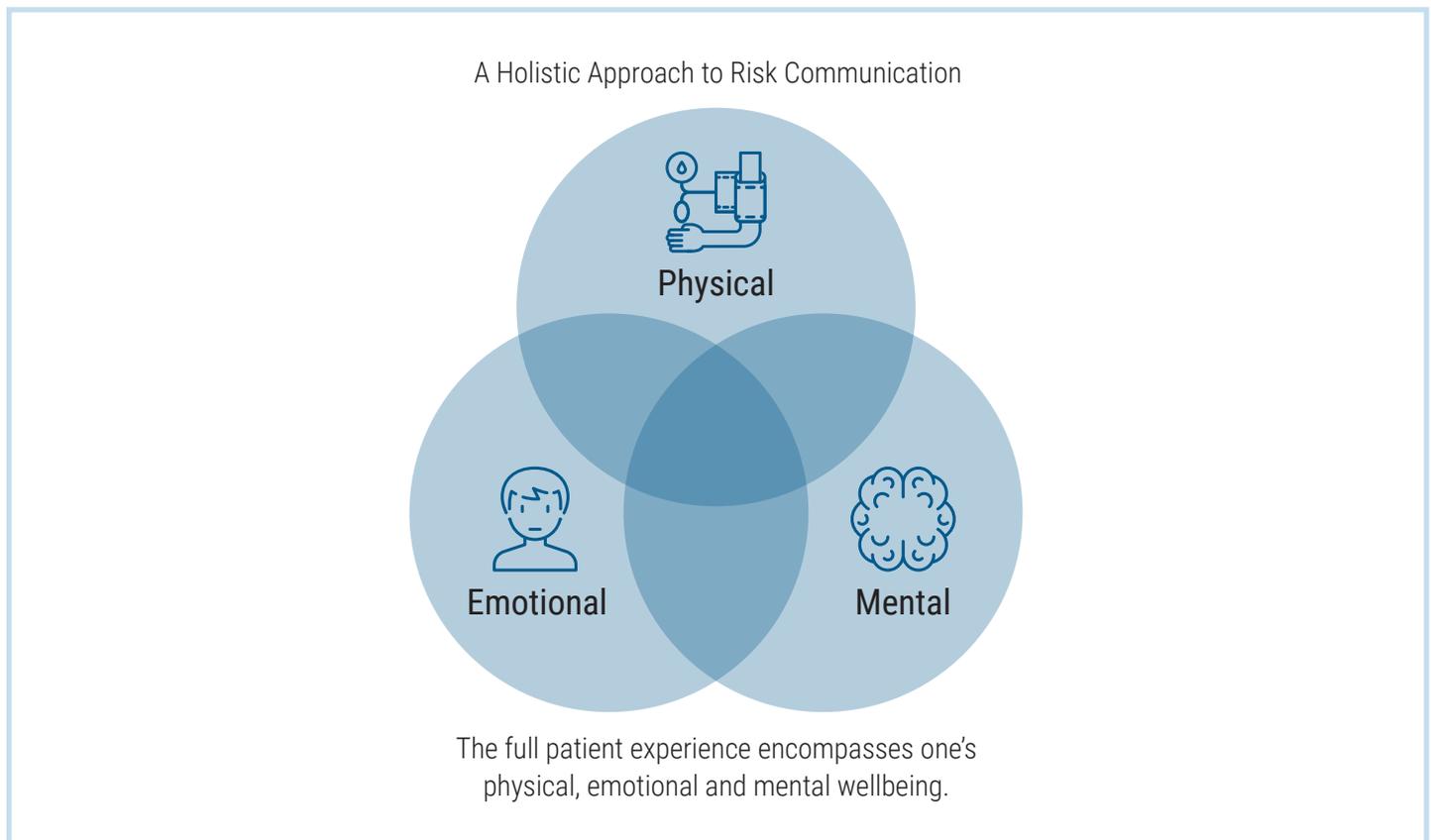
The first foundational step is having trust in the messenger. Equally, clinicians need to be:

- Thoughtful about how they communicate risk as this can affect the patient's perception of that risk
- Find ways to assess and understand individual patient goals, expectations, risk tolerance and motivators

And while risk prediction is guided by specific parameters, as well as the underlying science and evidence, for patients, risk discussions aren't solely about the facts and numbers. Risk can conjure up many emotions that need to be addressed as part of this process. **When patients feel listened to, validated and involved in their care, they are more apt to adhere to treatment plans and honestly report any challenges that might affect optimal outcomes.** Patients generally want the facts, but they also want clinicians to express encouragement, hope and empathy.

As well, health information provided under the duress of a new diagnosis is not likely to be remembered. In fact, studies show that patients often only remember the "gist" of risk discussions. Many patients will nod their heads, seemingly in agreement, but actually do not understand what was said or are too embarrassed to ask for clarification.

Risk communication cannot solely focus on someone's physical health. There are psychosocial and emotional effects too.



TRUST – THE FOUNDATION OF EFFECTIVE RISK COMMUNICATIONS

Patients' ability to understand – and accept – health risk is closely tied to the trust they have in their health care team. But with the escalating pace of today's clinical practices, limited face time with patients and the unintended encroachment of technology on the usual clinician-patient interaction, it can be hard to build trust.

Here are some strategies to build or deepen trust with patients. You may already be doing many of these; others may not seem possible given the time demands of routine patient documentation and order entry. Still, renewing efforts to build trust can help save time in the long run as patients will feel more connected and engaged in their care and more likely to follow treatment recommendations.

BACK TO BASICS – 8 WAYS TO BUILD TRUST AND COMPASSION

1. Let empathy drive discussions. We often fall into patterns of “telling” patients what they need to know about their cardiovascular disease risk, as well as risk-reducing interventions to protect or improve their future health. But taking time to put yourself in their shoes and be more attuned to their feelings and vantage point can help you tailor and guide these discussions so they are more meaningful. It can also reaffirm that you have their best interests at heart. For example, as soon as you walk in the room, ask the patient, “What would you like to talk about today?”

2. Get to know patients and find common ground. It's important for patients to feel cared about as a person and not just another case.

Ask questions about patients' lives outside of their cardiovascular risk or disease; take time to learn about their family and friends, pets, job, interests and hobbies. In doing so, you may:

- Discover shared interests that further deepen your connection (e.g., golf, travel, children of similar ages)
- Be more clued into natural motivators that may make a patient more inclined to take steps to take care of their cardiovascular health (e.g., needing to keep a job, caring for grandchildren, hobbies)

3. Don't underestimate eye contact. An unintended consequence of electronic medical records is that real-time documentation – and constant click throughs into a tablet or computer – further divides our attention. When patients

are in your office or exam room, try to sit down with them and look them in the eyes to reinforce your commitment to their care. There is nothing worse than feeling that your clinician isn't engaged or vested in your care. It also invariably affects patients' experience.

4. Actively involve patients. Research suggests that when patients play an active role in shared decision-making, they have better adherence and outcomes. Also be sure to ask questions to try to gauge awareness of their risk. For example, “What do you know about how high cholesterol can affect your heart over time?” or “What do you know about how much a statin can cut the likelihood that you will have a heart attack?” Patients often perk up and participate when they are part of the discussion



***Tell me and I forget,
Teach me and I remember,
Involve me and I learn.***

– Benjamin Franklin



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- 5. Anticipate – and make time – to answer questions.** Not all patients feel comfortable asking questions. Help by giving them an entry point. Asking open-ended questions like “Tell me what is concerning you most?” or “What questions do you have?” can help.
- 6. Be transparent.** It's OK to say, “I don't know” or “It's not an exact science.” There is inevitable uncertainty when it comes to assessing or managing health risk.
- 7. Enlist your staff.** Be sure that your staff greets patients politely, as you would like to be welcomed.
- 8. Always follow through on promises made.** For example, if you tell a patient that someone will be calling to share test results, be sure to do so promptly using words that they can understand. And follow through even when there are no promises made. There should be a foolproof system in place to assure that test results are communicated in a timely fashion.



How we understand risk, and how it's explained to us really can shape our decisions.

- Patient living with heart disease



Acceptance of risk is much more likely when it is explained by a trusted clinician.

- Patient living with heart disease

