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FROM THE DESK OF THE PRESIDENT

The Physician's Role as Patient Educator: Are We Meeting the Challenge?

As physicians, we all take our personal education seriously. Patient education is not reimbursable so many of us avoid this often daunting and time-consuming task. However, I believe that patient education is increasingly critical in an era of rising patient expectations, litigation, rapidly evolving technologies and now, a paradigm shift in marketing strategies. NASS, I am pleased to say, is well positioned to become a leader in patient and physician education. In fact, we are planning to extend our reach beyond our heretofore successful endeavors of educational meetings, print publications and online resources. But more about that below . . .

The current communication challenges facing physicians and health care professionals are increasingly complex, broad and varied. Health care vernacular can be overwhelming and confusing. Additionally, our patients' cultural backgrounds are diverse and they commonly speak languages other than English. Moreover, even if the same language is spoken or the services of an interpreter are available, it can still be difficult to explain even the most fundamental information.

Our patients often face other challenges such as impairments like varying degrees of auditory and visual loss, learning disabilities and memory deficits. Interpreting even the most basic set of instructions may be difficult and result in misunderstanding. Furthermore, in an era of rapidly evolving technologies and information overload, informed decisions and consent can be very challenging.

Conversely, there are those who are capable of synthesizing medical information from a wide variety of sources, including books, journal articles, television and, increasingly, web-based broadcasts and the internet. But, even with these capabilities, a physician should not necessarily assume that a patient is well-informed, because the information he has retrieved could very well be inaccurate, not credible or biased.

Proper patient education begins in the physician's office. It is our ethical and legal responsibility to impart the necessary information to assist our patients in making the best possible health care decisions. Increasingly patients are more receptive because they want to be well-informed and involved in their care and treatment. By investing this time in education, the physician takes additional steps to assure a successful outcome.

Quality patient education provides the following benefits:

- builds patient trust and confidence in their physician and her staff.
- provides patients with realistic expectations about treatment and limitations of care.
- allows patients a voice to participate in making health care decisions.
- motivates the patient to be compliant.
- benefits the physician by reducing her malpractice liability exposure.

Providing a comprehensive patient education program can be complicated and time-consuming. Managed care often means patient appointments that are tightly scheduled, leav-

ing little time to focus on education. Furthermore, the physician may delegate this task to a junior staff member with limited experience. Quality materials appropriate for patient education are also scarce or expensive. Creating these materials in-house requires knowledge, planning, skill and labor. These materials must also be appropriate to a level (least common denominator) that enables all patients to easily grasp the meaning. It may be necessary to have these educational tools available in languages other than English. Although difficult, these challenges should not be viewed as deterrents or obstacles but rather difficulties that can be overcome with the necessary help.

Further difficulties in comprehension can be attributed to fear and anxiety. A patient's emotional status can be influenced by cultural differences, language difficulties, illiteracy and impairments as described previously. Anxiety, coupled with misunderstanding frequently leads to poor expectations and possibly poor outcomes. Using complex medical terminology further adds to this anxiety, limiting patients' abilities to express their concerns or ask proper questions.

It is the physician's responsibility to recognize these problems and individualize patient education in order to meet these needs. Preparing a patient for surgery and aftercare, for example, requires time and patience. The consents are often lengthy and confusing. Within the current medical legal environment, these duties must be overseen by the treating physician and should not be delegated to junior staff members.

Improving quality of patient care has captured the attention of the Centers for Medicare and Medicaid Services (CMS). They are preparing for a trial program to pay physician groups based on their performance. (See Dr. Charles Mick's article on pay for performance initiatives on pages 42-45.) The goal is to improve care and cost efficiency of treating the Medicare fee-for-service population. Preventive services, among others, will be evaluated

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in this program, underlining the importance of patient education. If the government ultimately adopts these policies, they can be expected to become commonplace in the health care industry.

Become your Patients' Best Health Education Resource

Recognizing the time constraints in a busy office environment, setting up a small educational venue in the office often proves beneficial and can ultimately save time while maintaining a high level of patient care.

A number of informational tools are available to the physician's office. These include informational pamphlets and print materials. NASS currently has more than 20 thorough and well-designed pamphlets and informational sheets on common spine conditions and treatments. (See our list at www.spine.org/fsp.cfm.) More are in development as we continually add to (and revise) our lineup to stay current and relevant.

A computer with internet access, of course, can prove most beneficial. Numerous Web sites allow for downloading of information regarding common spine pathologies as well as animations of commonly performed surgeries. NASS' site, www.spine.org, offers an entire patient education section with a wealth of downloadable materials written specifically for patients.

Creating an environment comfortable for the patient is important. This includes using personalized and simple language when providing medical information without overwhelming the patient. Using anatomical models, drawings, photographs and videotapes/DVDs provides additional

help. Above all, encouraging questions and listening to the patient helps minimize patient confusion and engenders trust and confidence.

Even with our best attempts, traditional ways of educating our patients are increasingly being surpassed by competition, not only within the health care community, but more recently from industry. For example, the newest implant technologies are being directly marketed to the general population through very effective media campaigns including television and radio broadcasting, Web-based programming and copious mailings. This direct marketing has made the physician's tasks even more challenging and difficult as patients often present to their physicians demanding certain treatment options that may not even be applicable to their situation. It is then the physician's obligation to properly educate (or re-educate) the patient, often under a cloud of suspicion and lack of trust that's been created by inaccurate or inappropriate information. However daunting, I believe it remains our duty as physicians to educate and inform our patients, presenting them with fair and unbiased information.

Industry must bear responsibility in properly educating patients on new technologies but ultimately physicians must lead the way in educating all interested parties and patients in an accurate, fair and balanced fashion.

NASS to Expand Education Efforts and Resources

All effective media must be explored in transmitting information and providing resources to physicians. NASS has been and continues to be committed to patient education. In addition to our increasing

library of printed patient education materials and our Web site communications, NASS is now planning for a state of the art learning center with a cyber-ready classroom and broadcasting capabilities. With “virtual e-society” capabilities, we will be able to expand our patient (and physician) education efforts to even the smallest communities throughout the world.

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