Achieving better patient outcomes by promoting trust and family-centered care

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Speaker Disclosure

• Financial
  – Program Director for Audiology at University of Louisville

• Nonfinancial
  – Member of the Phonak Patient and Family Centered Care Expert Circle
The Relationship between Trust, Shared Decision Making and Family-Centered Care

Shared Decision Making

Trust

Family/Patient-Centered Care

Improved Patient Outcomes
What is Trust?

- Trust in a healthcare provider has been defined as the patient’s confidence that the provider will do what is best for the patient (Anderson & Dedrick, 1990).
- Physicians who spent more time discussing the patient’s experience with their health condition had higher ratings of trust. (Fiscella, et al., 2004)
**Techniques to Implement Trust**

Table 1. Seven Components of the Physician-Patient Relationship that Promote Trust.  
(Preminger, Oxenbøll, Barnett, Jensen, & Laplante-Lévesque, 2015)

<table>
<thead>
<tr>
<th>Communication Ability</th>
<th>Caring</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Communicating clearly, completely, honestly, and competently</td>
<td>• Listening, demonstrating concern, and compassion</td>
</tr>
<tr>
<td>• Listening, understanding, showing genuine concern, and compassion</td>
<td>• Showing sympathy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationship Building</th>
<th>Fidelity</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Developing a shared history and personal relationship</td>
<td>• Demonstrating a commitment to the patient</td>
</tr>
<tr>
<td>• Investing time in the relationship</td>
<td>• Placing value in the patient; putting patient's welfare ahead of other considerations (e.g. cost)</td>
</tr>
<tr>
<td></td>
<td>• Acting in the best interest of the patient</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Competency</th>
<th>Honesty</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Achieving good treatment outcomes and avoiding mistakes</td>
<td>• Telling the truth about the patient’s condition, being straightforward</td>
</tr>
<tr>
<td>• Displaying efficiency and good technical skills</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Confidentiality</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Protecting sensitive and private information</td>
</tr>
</tbody>
</table>
Please tell me how you would rate the honesty and ethical standards of people in these different fields

Dec. 7-11, 2016

Trust in Professions
Creating and maintaining trust in hearing healthcare services: Perspectives of adults with hearing impairment

(Preminger, Oxenbøll, Barnett, Jensen, & Laplante-Lévesque, 2014)
## Components & Subcomponents of Trust

<table>
<thead>
<tr>
<th>Components and Subcomponents</th>
<th>Example quotes from the transcripts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Environment</td>
<td></td>
</tr>
<tr>
<td>• Clinic Setting</td>
<td>I never thought for a minute that National Health would be as good. I thought they’d be just basic hearing aids, that’s what I thought. <strong>Where did you get that idea from?</strong> Well I don’t know. I suppose one almost assumes that if you pay for things... [Female, 85 yrs., UK, Satisfied HA user]</td>
</tr>
<tr>
<td>• Clinical Services</td>
<td></td>
</tr>
<tr>
<td>• Public vs. Private Hearing Healthcare</td>
<td></td>
</tr>
</tbody>
</table>
Case Study: Importance of Trust

<table>
<thead>
<tr>
<th>Fall 2008</th>
<th>Winter 2008</th>
<th>Spring 2009</th>
<th>Summer 2009</th>
<th>Summer 2009</th>
<th>Fall 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>HHCP #1</td>
<td>HHCP #2</td>
<td>HHCP #3</td>
<td>HHCP #4</td>
<td>Office of HHCP #3 #5</td>
<td>HHCP #2</td>
</tr>
<tr>
<td>Binaural CICs</td>
<td>Attended lecture</td>
<td>Recommended by friend happy HA user</td>
<td>Recommended by another friend</td>
<td>Saw HHCP #5 Recommended another pair of HAs</td>
<td>Purchased binaural mini BTEs</td>
</tr>
<tr>
<td>Not sure if benefit</td>
<td>Returned 1st set of HAs in trial period</td>
<td>Inquired about HAs, Open fit BTEs</td>
<td>Unsolicited call from HHCP</td>
<td>Returned 2nd set HAs</td>
<td></td>
</tr>
</tbody>
</table>
Lack of Trust in Professions

Dec. 7-11, 2016
Please tell me how you would rate the honesty and ethical standards of people in these different fields
Shared decision making, is an ethical way to enhance patient autonomy, and has been recommended as a key feature of good clinical care by the World Health Organization (World Health Organization, 1994)
What is Shared Decision Making?

A procedure, facilitated by the provider together with the patient in which the provider and patient:

- Define the problem
- Provide information
- Explore patients’ ideas, concerns, and expectations
- Checking patients’ desire for involvement in a decision about their health care
- Arrange for a future review of the decision

(Butterworth & Campbell, 2014)
### Older Adults and Shared Decision Making

<table>
<thead>
<tr>
<th>Dimensions</th>
<th>Manifestations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Decision-making preference</strong></td>
<td>• The patient makes the decisions&lt;br&gt;• The decisions are made partly by the doctor, partly by the patient&lt;br&gt;• The doctor makes the decisions</td>
</tr>
<tr>
<td><strong>According to the patient, who makes the health care decisions?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Adherence to doctor's advice</strong></td>
<td>• Passively against the doctor (does not, e.g., take his medication and does not inform the doctor)&lt;br&gt;• Actively against the doctor (e.g., leaves the hospital at his own request)</td>
</tr>
<tr>
<td><strong>Does the patient cooperate in the therapy and follow the doctor's advice?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Trust in doctors</strong></td>
<td>• Dependence&lt;br&gt;• Not Trust</td>
</tr>
<tr>
<td><strong>Does the patient have trust in the doctor?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Desire for information</strong></td>
<td>• Active exchange (discussion/several sources)&lt;br&gt;• One-way exchange of information from doctor&lt;br&gt;• No desire for information</td>
</tr>
<tr>
<td><strong>To what extent does the patient want to receive further information?</strong></td>
<td></td>
</tr>
</tbody>
</table>

(Wrede-Sach, et al., 2013)
Older Adults and Shared Decision Making

• Older patients generally preferred to make decisions concerning everyday life rather than medical decisions, which they preferred to leave to their doctors

• Tendency to be more passive in healthcare decision making compared to younger adults

(Wrede-Sach, et al., 2013)
## Example Decision Aid

### Hearing aids

| What is involved?            | Being fitted with hearing aids.  
|                             | Wearing the hearing aids to help with my hearing problems. |
| What is expected from me?   | Attending 3 or 4 appointments at a hearing aid clinic.  |
| What are the positives?     | My hearing will be improved when in one-to-one conversation,  
|                             | when in small groups, and when watching television. |
| What are the negatives?     | Hearing aids do not sound natural when in noise or in large groups.  
|                             | I need perseverance to get used to hearing aids.  
|                             | Most hearing aids are somewhat visible. |

[Communication Disability Centre, 2009](http://shareddecisions.mayoclinic.org/)
Patient-Centered and Family-Centered Care

(Augusta University Health, 2016)
Model of Patient-Centered Care

(Grenness, Hickson, Laplante-Levesque, & Davidson, 2014)
Family-Centered Care - Isn’t It Obvious?

• As audiologists, we know that hearing loss impacts all members of a family.
• “It is not my hearing loss, it is our hearing loss” - Sam Trychin
• From a family-centered care perspective, patients and family members are both considered experts who work along with the clinician whenever decisions are to be made
• Family-centered care provides care to patients and family members that is respectful of and responsive to individual patient and family preferences, needs, and values, and ensures that patient and family values guide all clinical decisions (Singh et al., 2016)
Family-Centered Care: Why Aren’t We Doing It?

- Research has demonstrated the importance of family-centered care, yet many audiologists do not regularly include family members into appointments.

(Ekberg, Meyer, Scarinci, Grenness, & Hickson, 2015)
Impact of Trust and Patient/Family-Centered Care on Patient Outcomes

- Shared Decision Making
- Trust
- Family/Patient-Centered Care

Improved Patient Outcomes
Patients who trust their clinicians typically demonstrate improved satisfaction, treatment adherence, and clinical outcomes in comparison with patients who possess low trust.
Patient-Centered Care: Why It Matters

• Patient-Centered Care has been discussed for many years in the literature

• It is important because it can lead to better patient outcomes (Rathert et al., 2013)
Physicians who spent more time discussing the patient’s experience with their health condition had higher ratings of trust. (Fiscella, et al., 2004)
Patient-Centered Care Can Lead to Trust

(Lee & Lin, 2010)
There is a mixed relationship between Patient-Centered Care and clinical outcomes. Some studies find significant relationships between specific elements of PCC and outcomes, but others found no relationship. There is stronger evidence for positive influences of Patient-Centered Care on satisfaction and self-management.

(Rathert, Wyrwich, & Boren, 2013)
Family-Centered Care in Audiology

• For the majority of older adults, a family member is the person who persuades them to seek hearing aids (Mahoney, Stephens, & Cadge, 1996)
Value of Family-Centered Care

(Singh & Launer, 2016)
96% greater hearing aid adoption in those with mild HL who attended with significant other (Singh & Launer, 2016)
In adults 60 years and older, support from a significant other is positively correlated with patient success with hearing aids (Hickson, Meyer, Lovelock, Lampert, & Khan, 2014).
Tools and Techniques to Implement Trust, Shared Decision Making, and Family-Centered Care in Your Practice
<table>
<thead>
<tr>
<th>Patient-Centered Care</th>
<th>Commercialized Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCC: Low</td>
<td>See, I told this friend, I said I feel like I’m buying storm windows or a used car. That’s just the feeling that I get.</td>
</tr>
<tr>
<td>CA: High</td>
<td>This other man (HHC clinician #2) came and I didn’t like him. And then in the end he tried to push me to buy these expensive ones (HAs). This is when I changed (clinicians).</td>
</tr>
<tr>
<td>Resultant Trust: Low</td>
<td>PCC: High in HHC Clinician #1 easy to deal… I had faith in the man… I got the feeling that he wanted me to hear better, but not necessarily something to sell me.</td>
</tr>
<tr>
<td></td>
<td>Well, they (clinicians) all behaved as if they had oceans of time and were very nice and helpful. I feel my experience was a good one. They listened carefully at what I experienced and how I was.</td>
</tr>
<tr>
<td></td>
<td>You know – it was not like: (rubs her hands) “Come here, and pay now.”</td>
</tr>
</tbody>
</table>
Trust in Hearing Healthcare

• Trust is evolving rather than static and both clinicians and clinics can promote trust.

• The characteristics of HHC clinicians that engender trust include:
  – practicing good communication
  – providing empathy
  – promoting shared decision making
  – displaying technical competence
  – offering comprehensive hearing rehabilitation
  – promoting self-management
  – avoiding a focus on hearing aid sales

• The characteristics of a HHC clinic that engender trust are similar to the characteristics of the clinician and include providing comprehensive services that focus on service rather than sales and offering a professional clinic setting.

(Preminger, Oxenbøll, Barnett, Jensen, & Laplante-Levesque, 2014)
### Shared-Decision Making: Decision Aid

#### My Hearing Options

<table>
<thead>
<tr>
<th>What is it?</th>
<th>Hearing Aids</th>
<th>Hearing Management Group</th>
<th>Hearing Skills Training</th>
<th>Assistive listening devices</th>
<th>Cochlear implant</th>
<th>No treatment</th>
</tr>
</thead>
</table>
| **What is involved?** | • Buying hearing aids.  
• Professional adjustment of the hearing aids.  
• Wearing hearing aids to help with my hearing problems. | • Meeting with a group of people.  
• Learning ways to cope with my hearing problems.  
• Using the information to help me in daily life. | • Using a DVD for training at home.  
• Improving my ability to be successful in listening. | • Buying 1 or more items that can help me hear better in certain situations.  
• Using those items in my daily life. | • Being evaluated to see if an implant might help me.  
• Undergoing surgery.  
• Professional adjustment of the implant.  
• Wearing the cochlear implant to help with my hearing problems. | Continue my daily life without making any changes. |

**Options I want to know more about**

- [ ] Hearing Aids
- [ ] Hearing Management Group
- [ ] Hearing Skills Training
- [ ] Assistive listening devices
- [ ] Cochlear implant
- [ ] No treatment

**Options I will think about**

- [ ] Hearing Aids
- [ ] Hearing Management Group
- [ ] Hearing Skills Training
- [ ] Assistive listening devices
- [ ] Cochlear implant
- [ ] No treatment

http://www.harlmemphis.org/index.php/clinical-applications/  

Decision aid from the HA Research Lab at the University of Memphis
A shared goal setting strategy to allow the PHL and his/her CP to develop realistic mutually derived communication goals and to consider the steps necessary to achieve these goals.

- **PHL** = person with hearing loss
- **CP** = communication partner

Provides a framework for the audiologist to work with the PHL and CP to:

- Acknowledge the hearing loss
- Identify activity limitations and participation restrictions experienced by each member of the couple
- Recognize that the PHL and CP are partners in communication
- Understand the shared responsibilities of having a hearing loss
Goal-Sharing for Partners Strategy - GPS
(Preminger & Lind, 2012)

1. Ask PHL & CP:
   Please describe a situation where you have successful communication.

2a. Ask PHL:
    What problems do you each experience because of hearing loss?

2b. Ask CP:
    What problems do you each experience because of hearing loss?

3. Ask PHL & CP:
    What problems do you both experience because of hearing loss?

4. Ask PHL & CP:
    Together, can you name a situation where you hope you can improve your communication?

5. Ask PHL & CP:
    What steps can you take to achieve these goals?

CP = Communication Partner
PHL = Person with Hearing Loss

http://idainstitute.com/toolbox/communication_partners/get_started/goal_sharing_gps/
### GPS: Developing Shared Goals

#### Easy Communication

<table>
<thead>
<tr>
<th>Step</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>When close together and facing each other</strong></td>
<td>Has to ask wife to repeat what is said on TV; speech is unclear</td>
</tr>
<tr>
<td>2</td>
<td><strong>PHL: Problems I Experience</strong></td>
<td><strong>PHL: Problems my CP experiences</strong></td>
</tr>
<tr>
<td></td>
<td>Has problems all of the time; when talking in background noise</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td><strong>CP: Problems I Experience</strong></td>
<td><strong>CP: Problems my CP experiences</strong></td>
</tr>
<tr>
<td></td>
<td>Difficulty when not looking at him and other things are going on</td>
<td></td>
</tr>
</tbody>
</table>

#### What problems do you both experience?

Both feel aggravated and tempers rise when they tire of the effort to talk; “don’t talk, no problems”

#### Order of importance

<table>
<thead>
<tr>
<th>Steps</th>
<th>Shared Goals &amp; Strategies to Achieve Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 &amp; 5</td>
<td><strong>1. Not having to repeat themselves as much:</strong></td>
</tr>
<tr>
<td></td>
<td>• Face each other when talking; don’t “mumble mouth”</td>
</tr>
<tr>
<td>5</td>
<td><strong>2. Improve PHL’s hearing:</strong></td>
</tr>
<tr>
<td></td>
<td>• Adjust hearing aid programming</td>
</tr>
<tr>
<td>5</td>
<td><strong>3. Have patience:</strong></td>
</tr>
<tr>
<td></td>
<td>• Don’t argue about communication, or get as frustrated</td>
</tr>
</tbody>
</table>

**Notes:** CP = Communication Partner; PHL = Person with Hearing loss
Research Question: Is the GPS Useful? (Hauff & Preminger, 2016)

• Can the GPS be administered in the clinic in 10 minutes or less?
  – Yes
• Do patients and clinicians feel the GPS has value?
  – Yes
• Will the GPS change actions and behaviors?
  – Well not really…?
• If patients and clinicians find the GPS to be useful despite little reported changes in behavior, is it a worthwhile discussion?
  – Probably: many subjects reported that the GPS brought up communication issues that they had never talked about before
• Is the GPS alone enough to facilitate health behavior change?
  – Probably not: but it may be one of many factors to eventually prompt subjects to make a change
How an Audiologist Can Operationalize Patient-Centered Care

(Grenness, Hickson, Laplante-Levesque, & Davidson, 2014)
10 Recommendations to Implement Family-Centered Care (Singh et al., 2016)

1. Invite a family member along to audiolologic appointments.
2. Set up the physical environment so that family are comfortably included in the consultation rather than being relegated to a seat at the back of the room.
3. Start the appointment by letting the patient and the family member know that input will be sought from both of them—patient first and then the family member.
4. Set joint hearing and communication goals with patient and family
5. Present options for rehabilitation that address the needs and goals of both the patient and the family.
6. When developing the treatment plan, aim for shared decision making with patient, family, and clinician as equal partners in the process.

7. Remember that the patient and the family are the experts.

8. Actively encourage involvement of the family at all stages of the care process.

9. Measure outcomes of interventions for both the patient and the family.

10. Make the entire clinic family-centered with buy-in from all stakeholders.

Conclusions

- Clinical practices that promote **TRUST, SHARED DECISION MAKING, and PATIENT/FAMILY CENTERED CARE** can improve outcomes for patients and their families.
- Tools exist to aid audiologists in facilitating these practices.
- Through this approach, we as audiologists market ourselves in ways that will benefit both us and the patients we serve.