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

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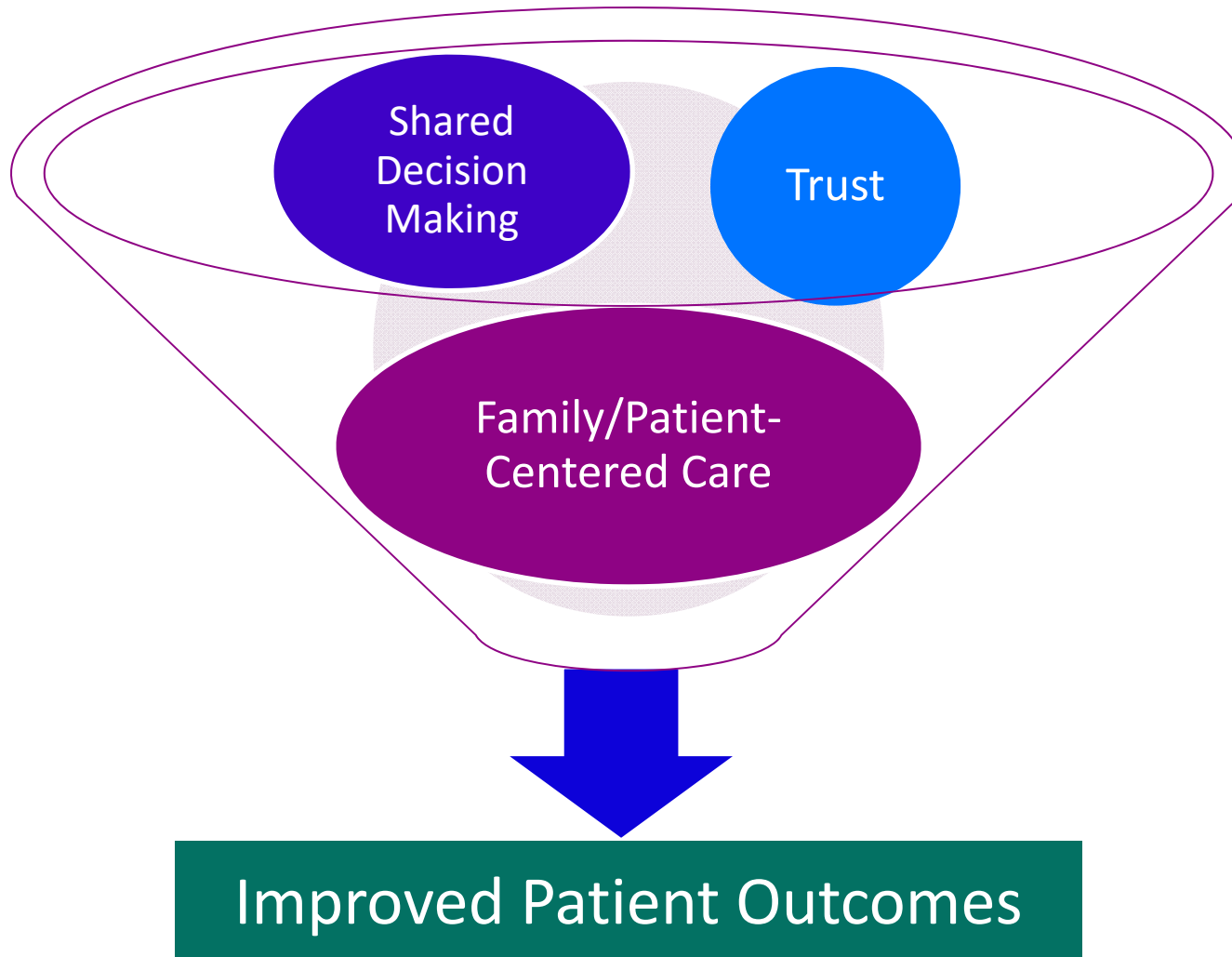
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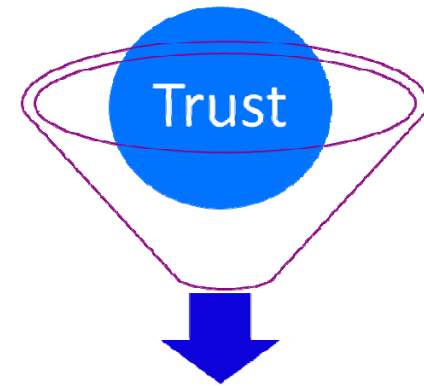
# Speaker Disclosure

- 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



# 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

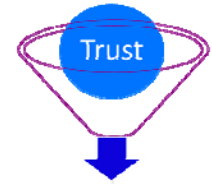


Table 1. Seven Components of the Physician-Patient Relationship that Promote Trust.  
(Preminger, Oxenbøll, Barnett, Jensen, & Laplante-Lévesque, 2015)

## Communication Ability

- Communicating clearly, completely, honestly, and competently
- Listening, understanding, showing genuine concern, and compassion

## Caring

- Listening, demonstrating concern, and compassion
- Showing sympathy

## Relationship Building

- Developing a shared history and personal relationship
- Investing time in the relationship

## Fidelity

- Demonstrating a commitment to the patient
- Placing value in the patient; putting patient's welfare ahead of other considerations (e.g. cost)
- Acting in the best interest of the patient

## Competency

- Achieving good treatment outcomes and avoiding mistakes
- Displaying efficiency and good technical skills

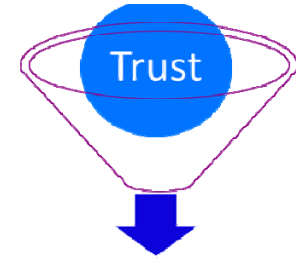
## Honesty

- Telling the truth about the patient's condition, being straightforward

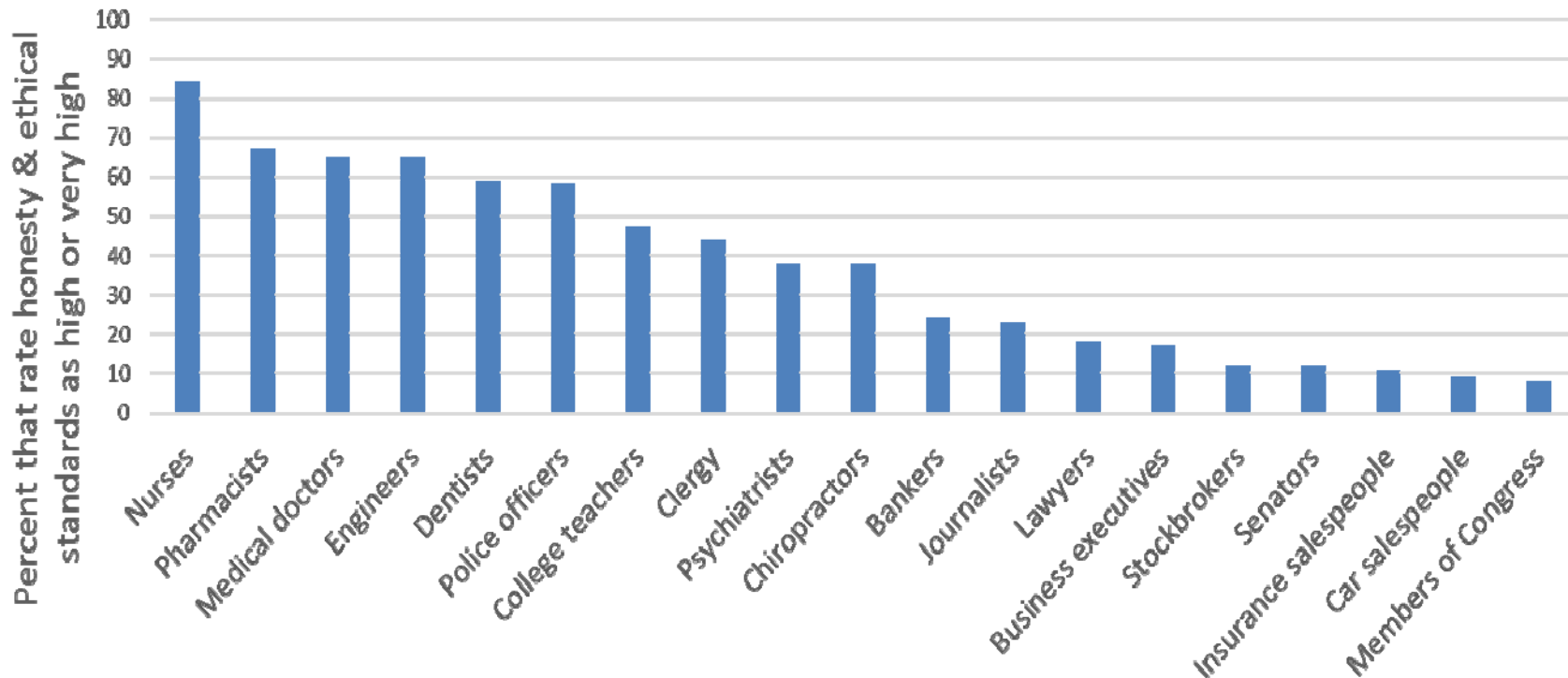
## Confidentiality

- Protecting sensitive and private information

# Trust in Professions



Trust in Professions

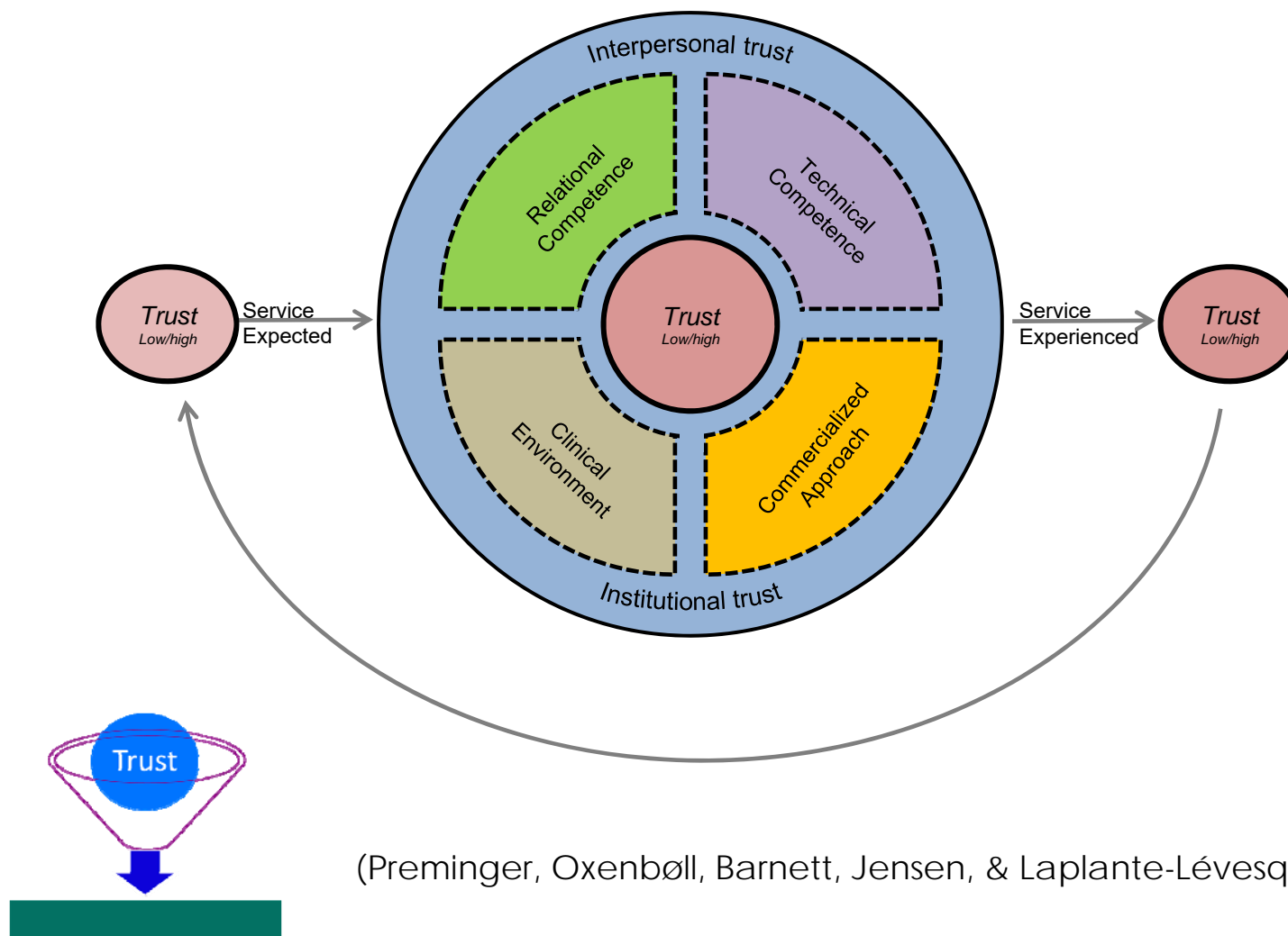


<http://www.gallup.com/poll/1654/honesty-ethics-professions.aspx>

Dec. 7-11, 2016

Please tell me how you would rate the honesty and ethical standards of people in these different fields

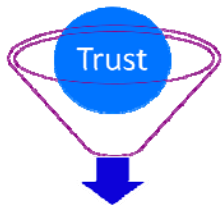
# Creating and maintaining trust in hearing healthcare services: Perspectives of adults with hearing impairment



(Preminger, Oxenbøll, Barnett, Jensen, & Laplante-Lévesque, 2014)

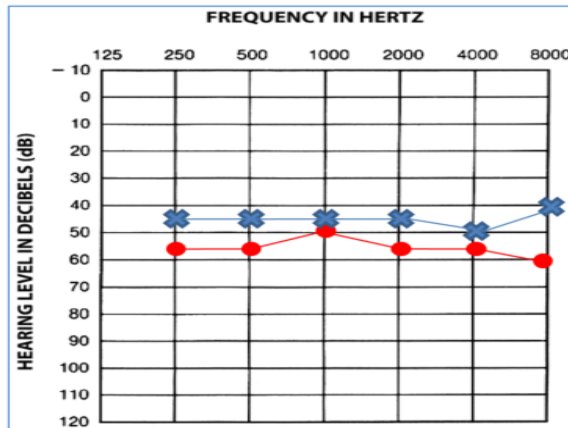
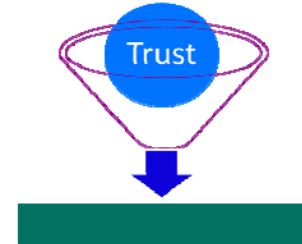
# Components & Subcomponents of Trust

Components and Subcomponents		Example quotes from the transcripts
Clinical Environment	<ul style="list-style-type: none"><li>• Clinic Setting</li><li>• Clinical Services</li><li>• Public vs. Private Hearing Healthcare</li></ul>	<i>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. <b>Where did you get that idea from?</b> Well I don't know. I suppose one almost assumes that if you pay for things... [Female, 85 yrs., UK, Satisfied HA user]</i>





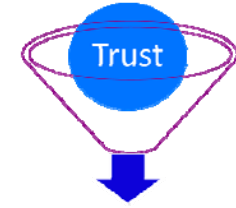
# Case Study: Importance of Trust



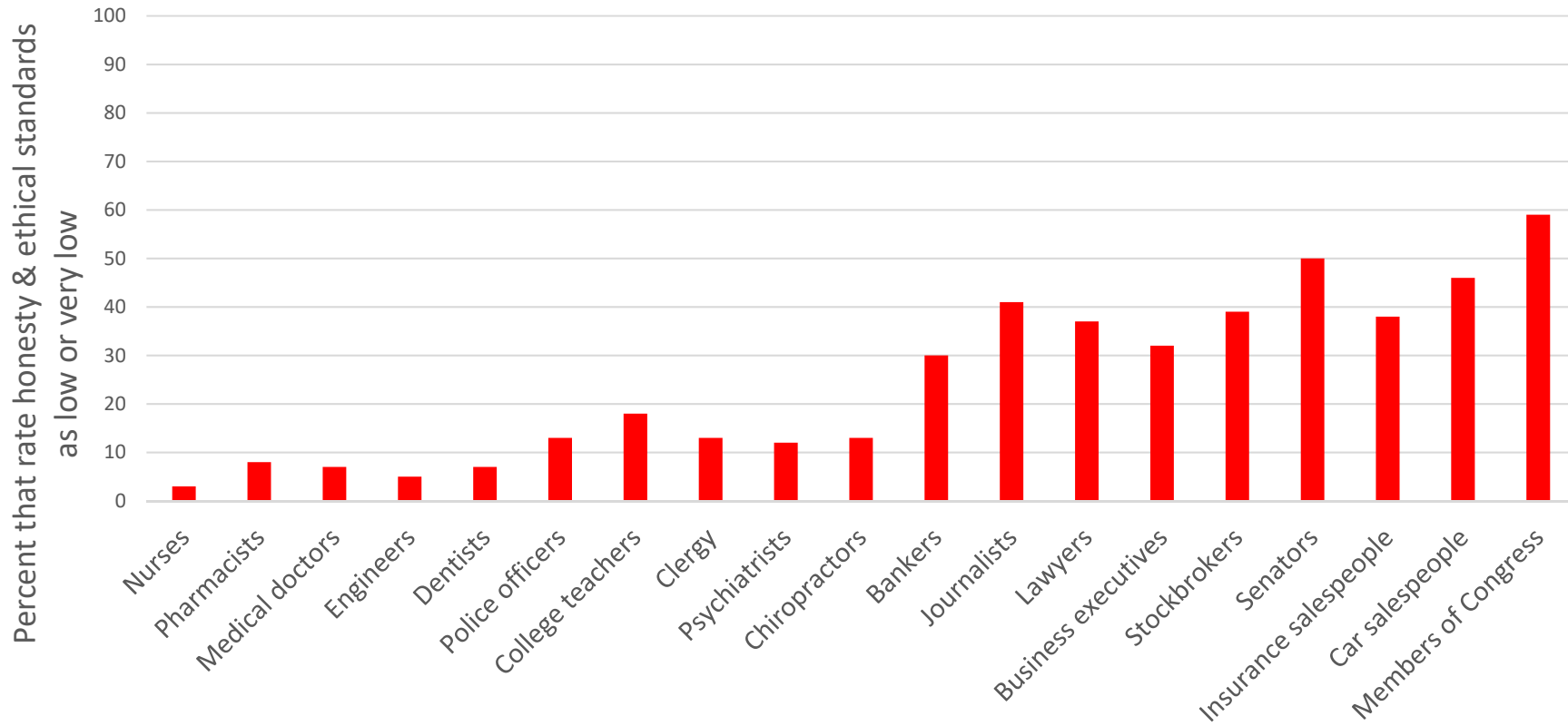
Quick SIN	
Ear	SNR in dB for 50% correct
Binaural	7
Right	11.5
Left	9.5

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

# Lack of Trust in Professions



Lack of Trust in Professions

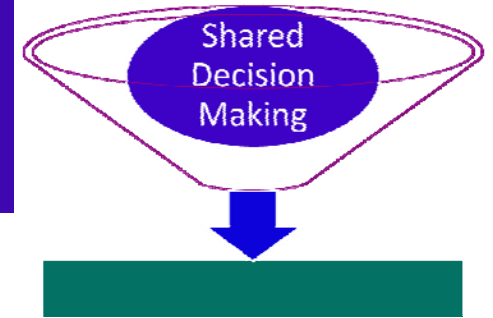


<http://www.gallup.com/poll/1654/honesty-ethics-professions.aspx>

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 in Practice



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)

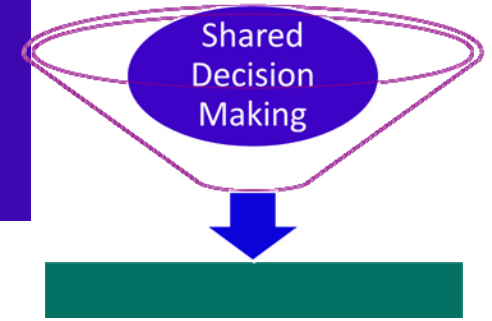
## The **SHARE** Approach

### 5 Essential Steps of Shared Decision Making



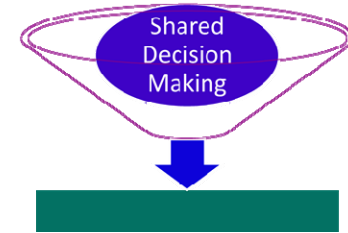
(Agency for Healthcare Research and Quality, 2017)

# 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

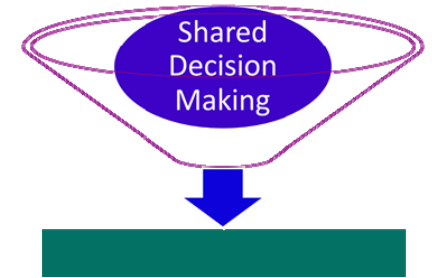
# Older Adults and Shared Decision Making



Dimensions	Manifestations
<p><b><u>Decision-making preference</u></b>  <b>According to the patient, who makes the health care decisions?</b></p>	<ul style="list-style-type: none"> <li>• The patient makes the decisions</li> <li>• The decisions are made partly by the doctor, partly by the patient</li> <li>• The doctor makes the decisions</li> </ul>
<p><b><u>Adherence to doctor's advice</u></b>  <b>Does the patient cooperate in the therapy and follow the doctor's advice?</b></p>	<ul style="list-style-type: none"> <li>• Passively against the doctor (does not, e.g., take his medication and does not inform the doctor)</li> <li>• Actively against the doctor (e.g., leaves the hospital at his own request)</li> </ul>
<p><b><u>Trust in doctors</u></b>  <b>Does the patient have trust in the doctor?</b></p>	<ul style="list-style-type: none"> <li>• Dependence</li> <li>• Not Trust</li> </ul>
<p><b><u>Desire for information</u></b>  <b>To what extent does the patient want to receive further information?</b></p>	<ul style="list-style-type: none"> <li>• Active exchange (discussion/several sources)</li> <li>• One-way exchange of information from doctor</li> <li>• No desire for information</li> </ul>

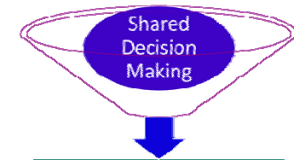
(Wrede-Sach, et al., 2013)

# 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

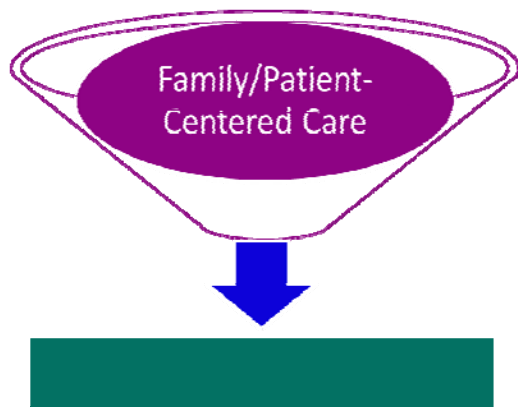
# Example Decision Aid



## Hearing aids

<b>What is involved?</b>	<ul style="list-style-type: none"><li>• Being fitted with hearing aids.</li><li>• Wearing the hearing aids to help with my hearing problems.</li></ul>
<b>What is expected from me?</b>	<ul style="list-style-type: none"><li>• Attending 3 or 4 appointments at a hearing aid clinic.</li></ul>
<b>What are the positives?</b>	<ul style="list-style-type: none"><li>• My hearing will be improved when in one-to-one conversation, when in small groups, and when watching television.</li></ul>
<b>What are the negatives?</b>	<ul style="list-style-type: none"><li>• Hearing aids do not sound natural when in noise or in large groups.</li><li>• I need perseverance to get used to hearing aids.</li><li>• Most hearing aids are somewhat visible.</li></ul>

# Patient-Centered and Family-Centered Care



(Augusta University Health, 2016)



# Model of Patient-Centered Care



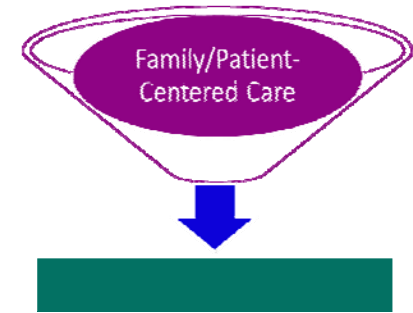
(Grenness, Hickson, Laplante-Levesque, & Davidson, 2014)

# 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)

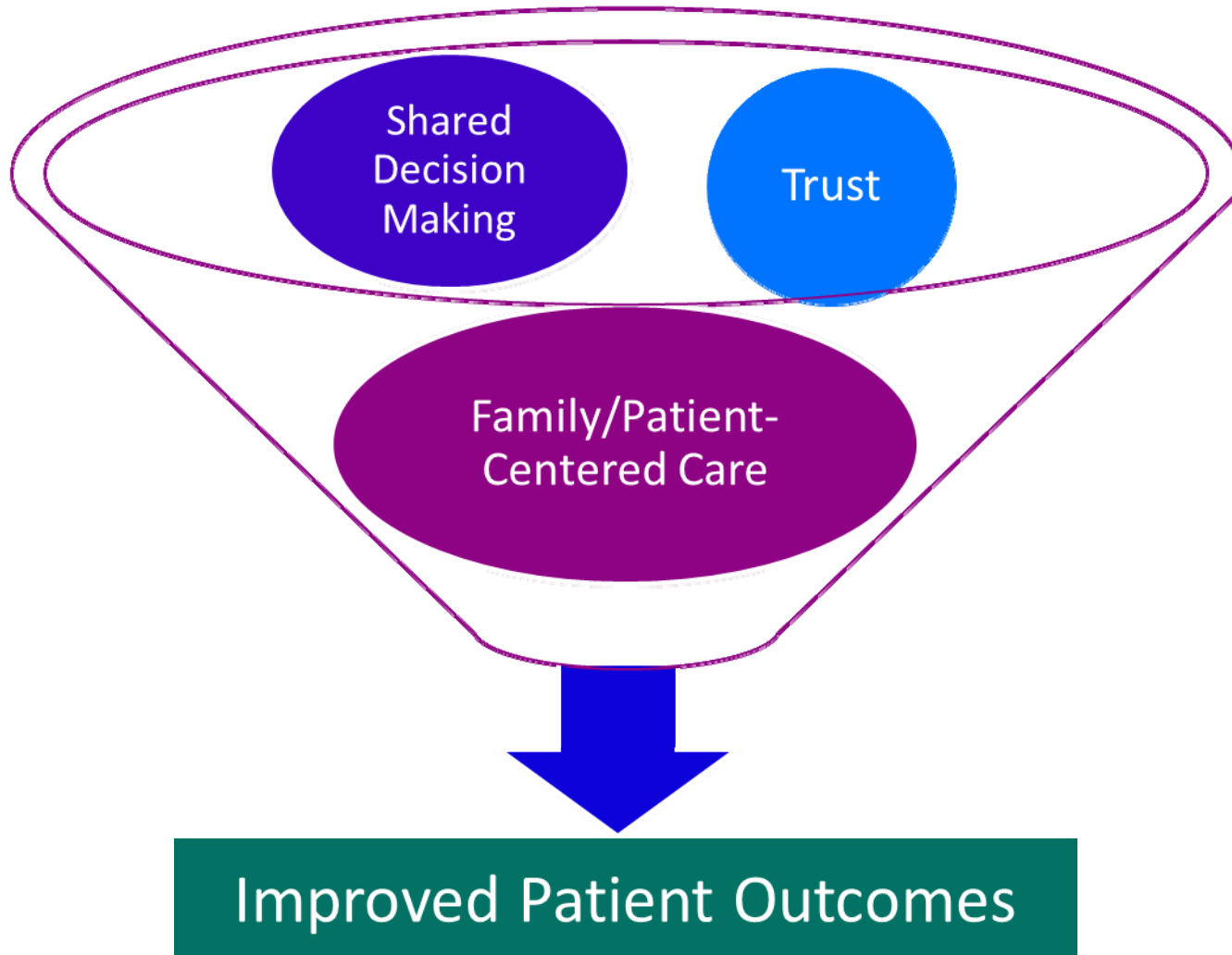
# Family-Centered Care: Why Aren't We Doing It?



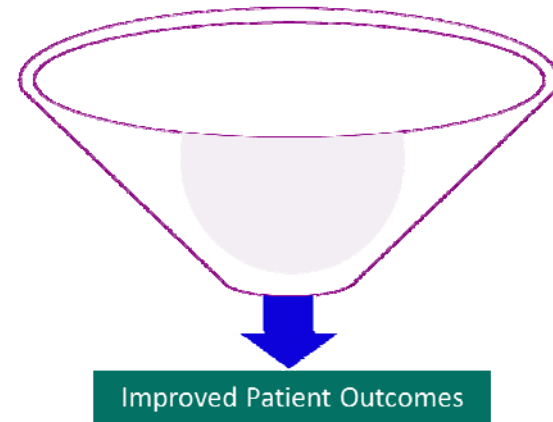
- Research has demonstrated the importance of family-centered care, yet many audiologists do not regularly include family members into appointments.

(Ekberg, Meyer, Scarinci, Grenness, & Hickson, 2015)

# Impact of Trust and Patient/Family-Centered Care on Patient Outcomes

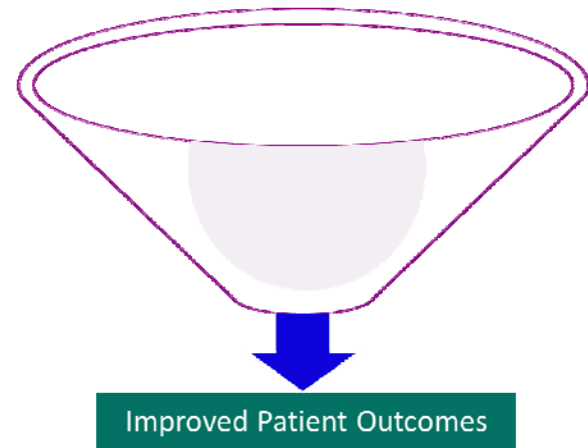


# Trust and Patient Outcomes



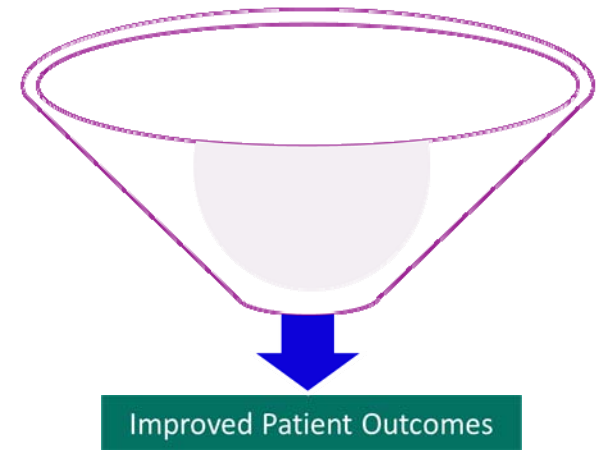
- Patients who trust their clinicians typically demonstrate improved satisfaction, treatment adherence, and clinical outcomes in comparison with patients who possess low trust

# Patient-Centered Care: Why It Matters



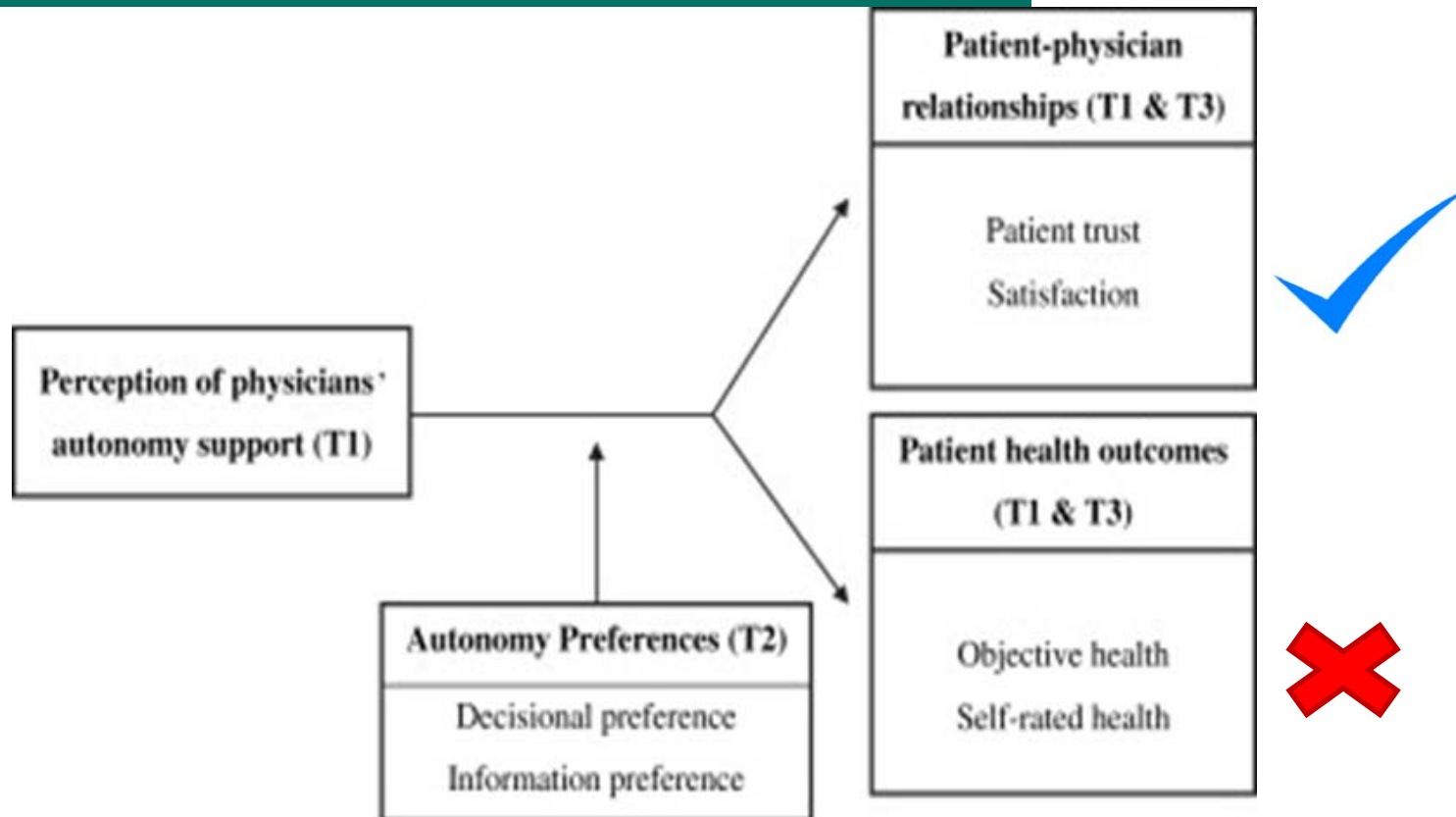
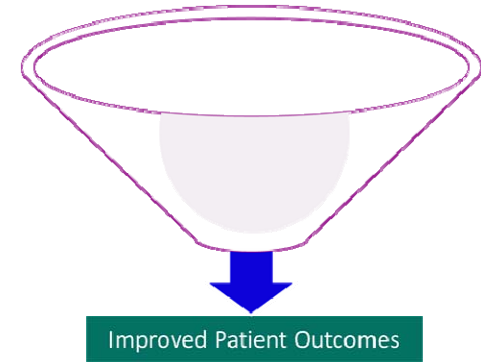
- Patient-Centered Care has been discussed for many years in the literature
- It is important because it can lead to better patient outcomes (Rathert et al., 2013)

# Patient-Centered Care & Trust



- Physicians who spent more time discussing the patient's experience with their health condition had higher ratings of trust. (Fiscella, et al., 2004)

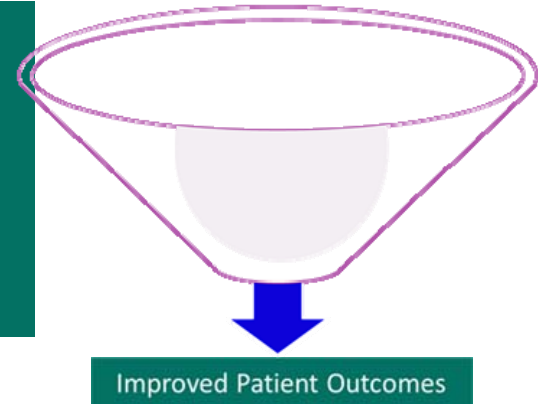
# Patient-Centered Care Can Lead to Trust



(Lee & Lin, 2010)



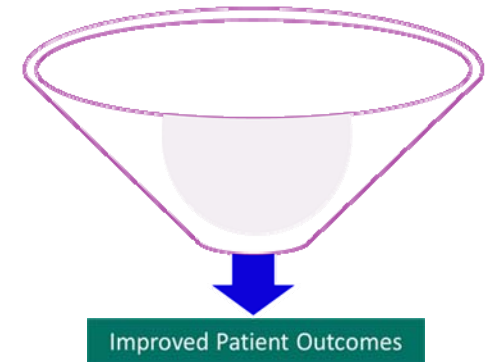
# Patient-Centered Care is Associated with Better Outcomes



- 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)

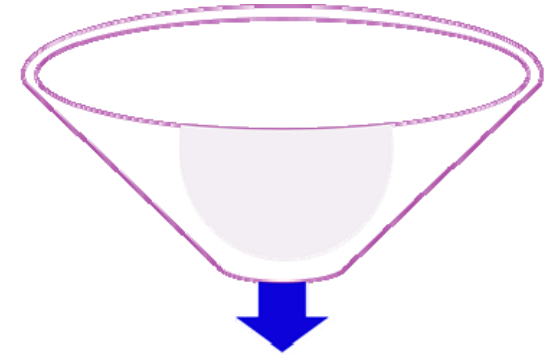
# Family-Centered Care in Audiology



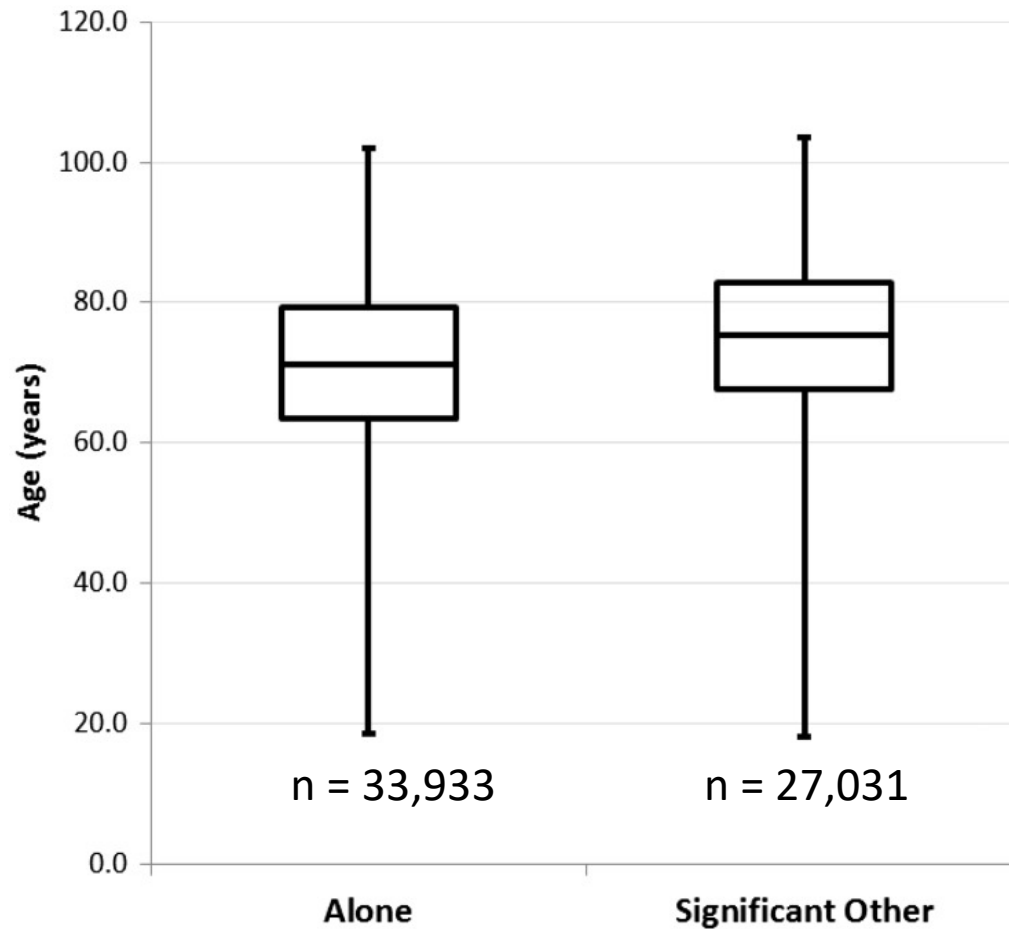
- For the majority of older adults, a family member is the person who persuades them to seek hearing aids (Mahoney, Stephens, & Cadge, 1996)



# Value of Family-Centered Care

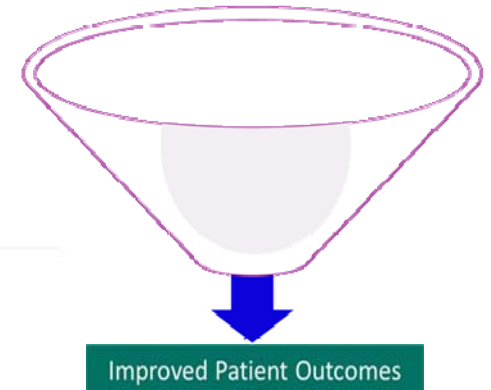
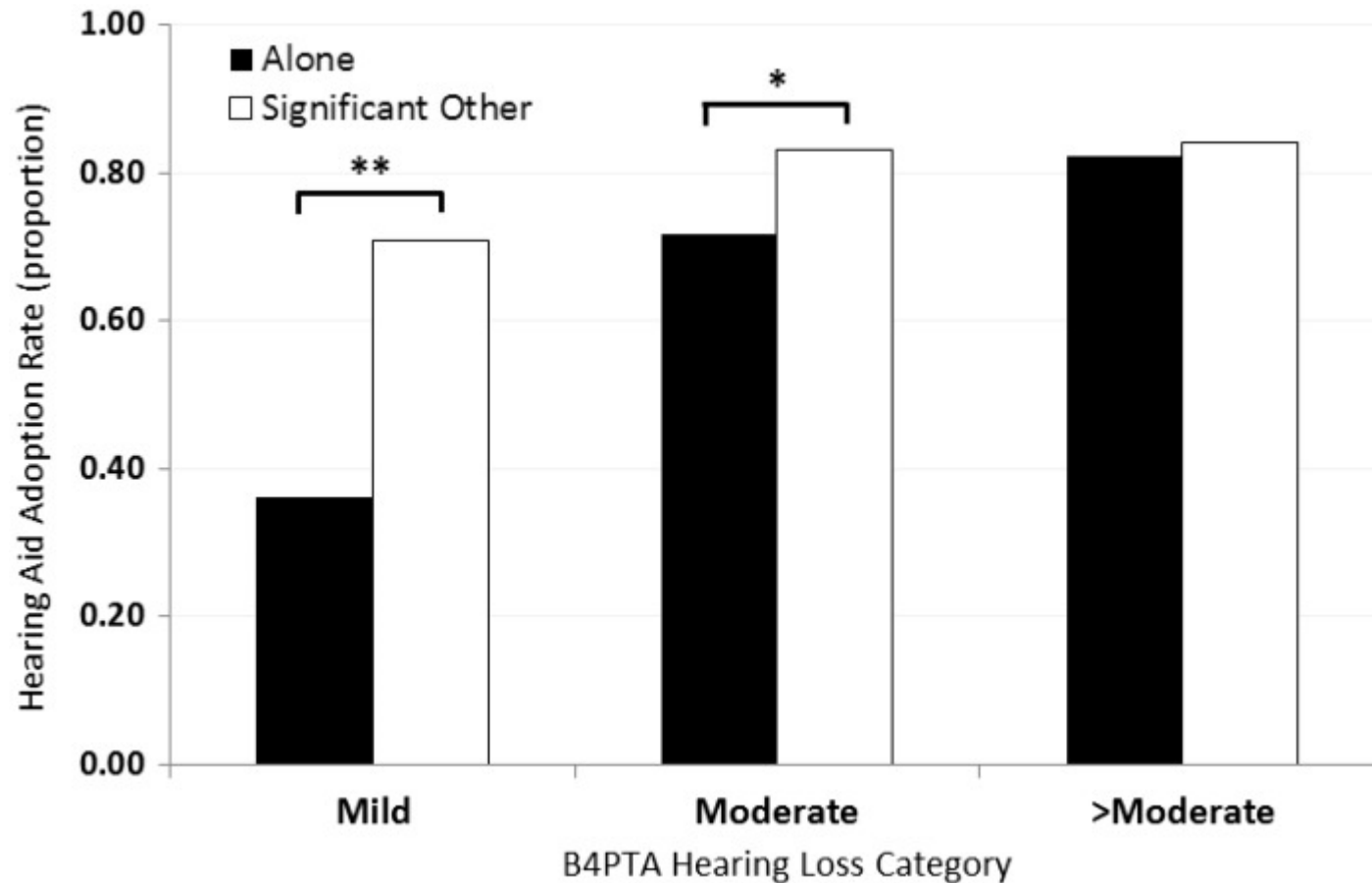


Improved Patient Outcomes



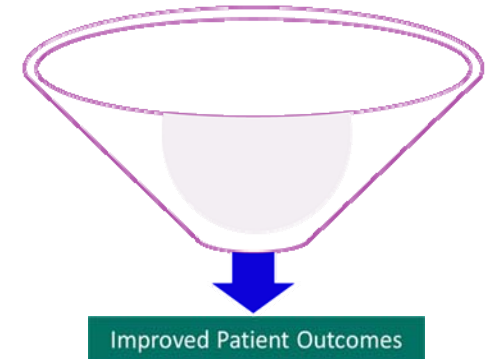
(Singh & Launer, 2016)

# Family-Centered Care: Effects on Hearing Aid Adoption



96% greater hearing aid adoption in those with mild HL who attended with significant other (Singh & Launer, 2016)

# Hearing Aid Success



- 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



# Strive for Patient-Centered Care, Avoid Commercialism

(Barnett et al. 2014)



	Patient-Centered Care	Commercialized Approach
<p>                       PCC: Low                      CA: High                      Resultant Trust: Low                 </p>	<p>I mean they didn't explain what they do or how they work. I feel like they were just more interested in giving me hearing aids.</p>	<p>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.</p>
<p>                       PCC: High in HHC Clinician #1                      CA: High in HHC Clinician #2                      Resultant Trust: Moderate                 </p>	<p>But I found him (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.</p>	<p>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).</p>
<p>                       PCC: High                      CA: Low                      Resultant Trust: High                 </p>	<p>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.</p>	<p>You know – it was not like: (rubs her hands) “Come here, and pay now.”</p>

# Trust in Hearing Healthcare



- Trust in hearing healthcare
- The clinical practice includes:
  - primary care
  - primary care
  - primary care
  - diagnostic
  - of hearing
  - primary care
  - audiologists
- The clinical practice is similar to other primary care providers rather than

July 2017



*Julie / IL  
Beltone Customer*

Trust Is Everything  
**Beltone Trust™**

**George,**

Hi, my name is Julie. I've been so thrilled with how Beltone has helped improve the quality of my hearing – and of my life – that they invited me to share my experience with you.

I am also extending a **special offer just for you** to help discover **Beltone Trust™** – their newest, most advanced family of hearing aids. Trust me. They won't just change the way you hear, they'll change the way you experience life.



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(Preminger, Oxenbøll, Barnett, Jensen, & Laplante-Lévesque, 2014)



# Shared- Decision Making: Decision Aid



## My Hearing Options

What is it?	Hearing Aids	Hearing Management Group	Hearing Skills Training	Assistive listening devices	Cochlear implant	No treatment
What is involved?	<ul style="list-style-type: none"> <li>Buying hearing aids.</li> <li>Professional adjustment of the hearing aids.</li> <li>Wearing hearing aids to help with my hearing problems.</li> </ul>	<ul style="list-style-type: none"> <li>Meeting with a group of people.</li> <li>Learning ways to cope with my hearing problems.</li> <li>Using the information to help me in daily life.</li> </ul>	<ul style="list-style-type: none"> <li>Using a DVD for training at home.</li> <li>Improving my ability to be successful in listening.</li> </ul>	<ul style="list-style-type: none"> <li>Buying 1 or more items that can help me hear better in certain situations.</li> <li>Using those items in my daily life.</li> </ul>	<ul style="list-style-type: none"> <li>Being evaluated to see if an implant might help me.</li> <li>Undergoing surgery.</li> <li>Professional adjustment of the implant.</li> <li>Wearing the cochlear implant to help with my hearing problems.</li> </ul>	Continue my daily life without making any changes.
Options I want to know more about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Options I will think about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<http://www.harlmemphis.org/index.php/clinical-applications/>  
the University of Memphis

Decision aid from the HA Research Lab at

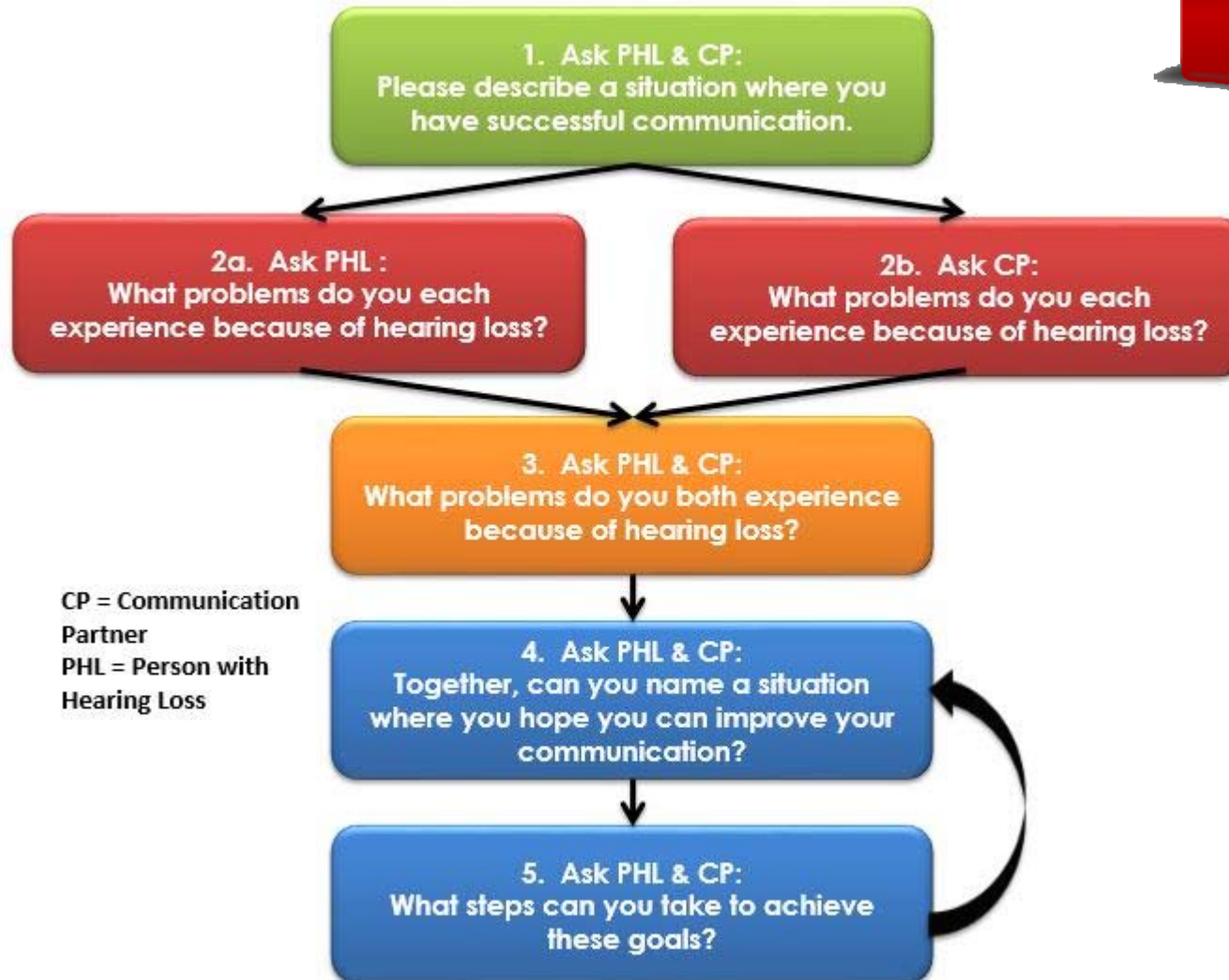
# Tool for implementing Shared Decision Making & Family-Centered Care: The Goal Sharing for Partners Strategy (GPS) (Preminger & Lind, 2012)



- 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)



# GPS: Developing Shared Goals

<p>Step <b>1</b></p>	<p style="text-align: center;"><b>Easy Communication</b></p> <p style="text-align: center;"><b>When close together and facing each other</b></p>	
<p>Step <b>2</b></p>	<p><b>PHL: Problems I Experience</b></p> <p><b>Has to ask wife to repeat what is said on TV; speech is unclear</b></p>	<p><b>PHL: Problems my CP experiences</b></p> <p><b>Has problems all of the time; when talking in background noise</b></p>
	<p><b>CP: Problems I Experience</b></p> <p><b>Tells her she is not speaking clearly; it's an ongoing battle</b></p>	<p><b>CP: Problems my CP experiences</b></p> <p><b>Difficulty when not looking at him and other things are going on</b></p>
<p>Step <b>3</b></p>	<p style="text-align: center;"><b>What problems do you both experience?</b></p> <p style="text-align: center;"><b>Both feel aggravated and tempers rise when they tire of the effort to talk; "don't talk, no problems"</b></p>	
<p>Steps <b>4 &amp; 5</b></p>	<p style="text-align: center;"><b>Shared Goals &amp; Strategies to Achieve Goals</b></p> <p>Order of importance</p> <p><input type="checkbox"/> <b>1. Not having to repeat themselves as much:</b></p> <ul style="list-style-type: none"> <li>• <b>Face each other when talking; don't "mumble mouth"</b></li> </ul> <p><input type="checkbox"/> <b>2. Improve PHL's hearing:</b></p> <ul style="list-style-type: none"> <li>• <b>Adjust hearing aid programming</b></li> </ul> <p><input type="checkbox"/> <b>3. Have patience:</b></p> <ul style="list-style-type: none"> <li>• <b>Don't argue about communication, or get as frustrated</b></li> </ul>	

Notes: CP = Communication Partner; PHL = Person with Hearing loss

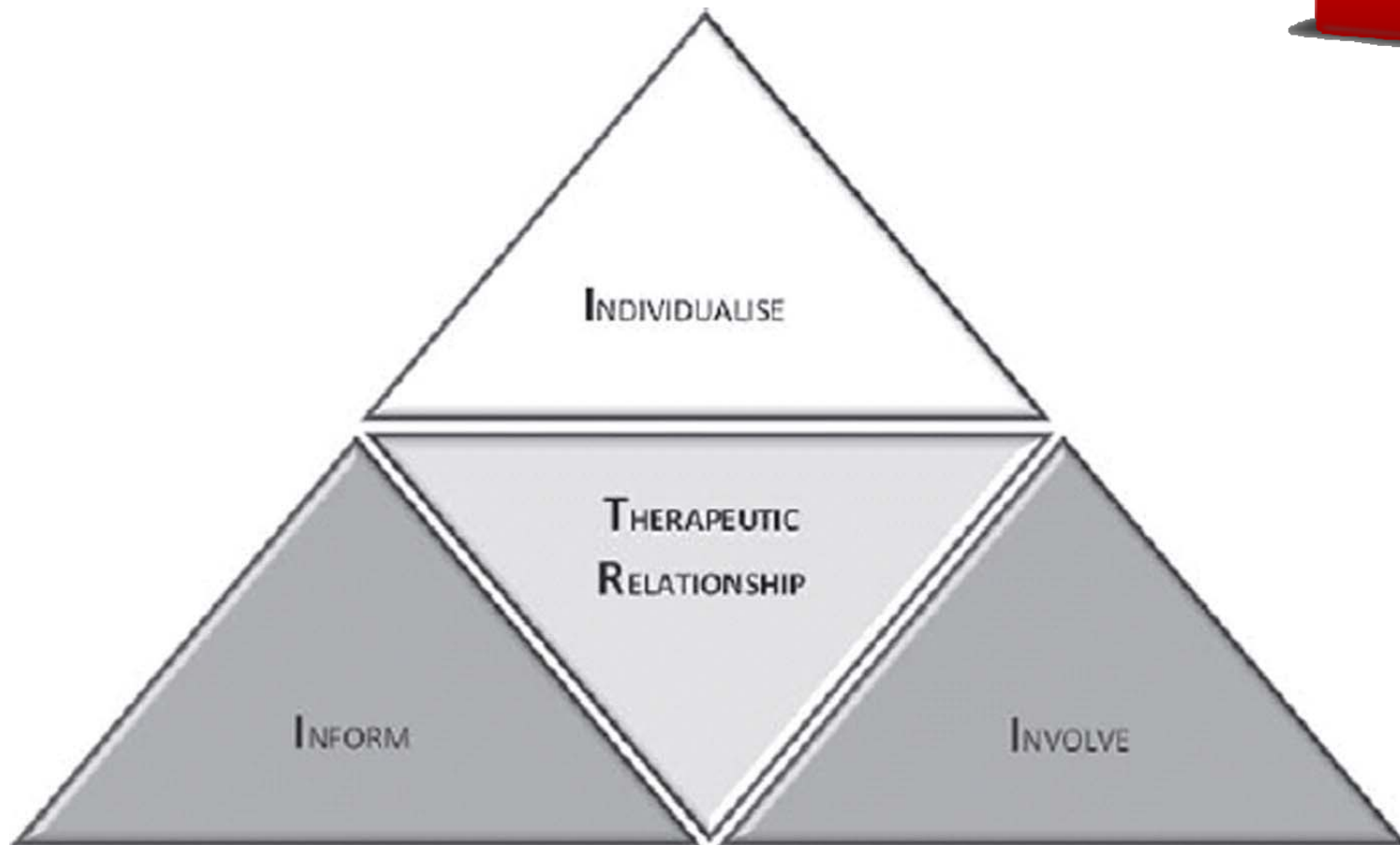
# Research Question: Is the GPS Useful?

(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 audiologic 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.

# 10 Recommendations to Implement Family-Centered Care

(Singh et al., 2016)



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.

<https://www.phonakpro.com/com/en/resources/counseling-tools/family-centered-care/fcc-adults/family-centered-care-overview.html>



# 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

