



COMMUNICATING WITH YOUR MEDICARE PATIENTS

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A review of this product in January 2016 indicates that no changes are necessary. The content remains current.

Please note: The information in this publication applies only to the Medicare Fee-For-Service Program (also known as Original Medicare).

This publication provides the following information about communicating with your Medicare patients:

- Background;
- Communication tips; and
- Resources.

Background

By 2060, the number of beneficiaries enrolled in the Medicare Program is expected to increase to about 95 million – about 48 million more than are currently enrolled. The Medicare population will also be more racially, ethnically, and culturally diverse. The diversity trend is expected to continue as evidenced by recent United States (U.S.) Census Bureau projections which show that the U.S. will become a majority-minority nation for the first time in 2043. A majority-minority nation is one in which the non-Hispanic white population remains the largest single group, but no group makes up a majority. Minorities now comprise 37 percent of the U.S. population and are projected to comprise 57 percent of the population in 2060.

As these changes unfold, you will more often provide care to and communicate with the following individuals:

- Older patients;
- Racially, ethnically, and culturally diverse patients; and
- Other underserved populations.

Your ability to communicate effectively with your patients will be more important as you help them understand and take action on health information. Effectively communicating during the encounter may result in:

- Reduced patient anxiety during the encounter;
- Increased adherence to treatment protocols;
- More reports of patient satisfaction about encounters;
- Fewer medical malpractice lawsuits; and
- Better patient health outcomes, such as increased quality of care and safety and reduced medical errors.

Some added bonuses when communication goes well – patient encounters may be more satisfying to you, and you may not need to order as many prescriptions, referrals, and tests.

Communication Tips

The charts on the following pages provide communication tips that will help you understand and respond to your patients. The charts include information about communicating with all patients; older patients; and racially, ethnically, and culturally diverse patients.

Preparing For The Patient Encounter

ALL PATIENTS	OLDER PATIENTS	RACIALLY, ETHNICALLY, AND CULTURALLY DIVERSE PATIENTS
<p>Do:</p> <ul style="list-style-type: none"> ● Review the patient’s medical history; ● Review the patient’s language preference, belief systems, values, and lifestyle choices so that you can provide appropriate health care services; ● Recognize possible communication barriers; and ● Recognize that your culture, belief systems, and values may affect how you interact with patients. 	<p>Do:</p> <ul style="list-style-type: none"> ● Allow extra time as the patient may: <ul style="list-style-type: none"> ○ Have complex problems and several complaints; ○ Have memory, hearing, and/or vision loss; ○ Require more time to take in information; ○ Learn more slowly; ○ Be difficult to understand; and ○ Be less focused; ● Provide signage and educational materials that are printed in a large, legible font; ● Provide a list of agencies that can help with elder issues; and ● Learn about communicating with older patients. 	<p>Do:</p> <ul style="list-style-type: none"> ● Allow extra time as the patient’s primary language may not be English; ● Provide a professional interpreter as needed; ● Provide signage and educational materials that are written in language(s) of commonly encountered group(s) of the service area; ● Provide a list of agencies that can help with multi-cultural issues; and ● Learn about communicating with racially, ethnically, and culturally diverse patients.
<p>Don’t:</p> <ul style="list-style-type: none"> ● Stereotype the patient. 	<p>Don’t:</p> <ul style="list-style-type: none"> ● Schedule the appointment late in the day when the facility may be the busiest and the patient may be less alert. 	<p>Don’t:</p> <ul style="list-style-type: none"> ● Schedule the appointment late in the day when the facility may be the busiest.

The Patient Encounter

Part One: Beginning the Discussion

ALL PATIENTS	OLDER PATIENTS	RACIALLY, ETHNICALLY, AND CULTURALLY DIVERSE PATIENTS
<p>Do:</p> <ul style="list-style-type: none"> ● Actively listen: <ul style="list-style-type: none"> ○ Give the patient your undivided attention; ○ Allow the patient to speak without interruption; ○ Your body language should show that you are listening (for example, maintaining eye contact and nodding); ○ Paraphrase what the patient said and ask if you understood correctly; and ○ Pay attention to the patient's body language; ● Recognize the message you send with your facial expressions and body language; ● Use plain English; ● Speak in clear, short sentences; ● Speak in a firm tone; 	<p>Do:</p> <ul style="list-style-type: none"> ● Recognize that you may need to reintroduce yourself to the patient; ● If the patient agrees, include a companion such as a family member, caretaker, or friend in the discussion. Begin the discussion with the patient and then ask for input from the companion; ● Sit facing the patient; ● Speak slowly and clearly. Recognize that if you speak too slowly, the effect may be insulting; ● Recognize that you may need to speak in a deeper voice and with adequate projection; ● Reduce background noise and distractions; ● Increase room lighting; and ● Recognize that the patient may feel significant loss, such as deaths of family members and friends. 	<p>Do:</p> <ul style="list-style-type: none"> ● If the patient agrees, include a companion such as a family member, caretaker, or friend in the discussion. Begin the discussion with the patient and then ask for input from the companion; ● Provide nonverbal methods of communicating (for example, pictographic symbols) as needed for patients who do not speak English or whose primary language is not English; ● Speak slowly and clearly. Recognize that if you speak too slowly, the effect may be insulting; ● Learn about and respect the patient's cultural values, spiritual beliefs, and lifestyle choices that influence care so that you are sensitive to his or her unique needs. Explain that this will help you diagnose and treat his or her illness or condition. Request information about the patient's:

Part One: Beginning the Discussion (cont.)

ALL PATIENTS	OLDER PATIENTS	RACIALLY, ETHNICALLY, AND CULTURALLY DIVERSE PATIENTS
<ul style="list-style-type: none"> • Show respect (address the patient as Ms., Mrs., or Mr. unless he or she asks you to use his or her first name); • Create and maintain a partnership; and • Be friendly, empathetic, supportive, and interested in the patient. 		<ul style="list-style-type: none"> ◦ Beliefs, concerns, and fears; ◦ Social, family, spiritual, and cultural background; and ◦ Expectations about health and illness; • Determine the patient’s understanding of his or her illness or condition; • Recognize that in some cultures, the patient may believe that making direct or prolonged eye contact is disrespectful or aggressive; and • Recognize that personal space requirements are not universal.
<p>Don’t:</p> <ul style="list-style-type: none"> • Use slang, medical jargon, acronyms, or call the patient a term that may be perceived as patronizing (for example, “honey” or “dear”); • Talk too fast or too slowly; and • Appear rushed or distracted. 	<p>Don’t:</p> <ul style="list-style-type: none"> • Talk down to the patient; and • Turn your back to the patient as he or she may need to read your lips. 	<p>Don’t:</p> <ul style="list-style-type: none"> • Talk down to the patient; and • Tell jokes or use gestures as they may be misunderstood.

The Patient Encounter

Part Two: Information Gathering and Sharing

ALL PATIENTS	OLDER PATIENTS	RACIALLY, ETHNICALLY, AND CULTURALLY DIVERSE PATIENTS
<p>Do:</p> <ul style="list-style-type: none"> • Ask one open-ended question at a time; • Be specific and organized; • Keep focus on the most important topics; • Explain the nature of the patient’s illness or condition; • Discuss the expected course of treatment, interventions, and outcomes as well as alternate courses of action (as appropriate) in a positive manner; • Acknowledge and respond to the patient’s ideas, feelings, and values; and • Use visual aids, such as pictures or charts. 	<p>Do:</p> <ul style="list-style-type: none"> • Simplify the discussion; and • Recognize that the patient may be reluctant to discuss sensitive topics. Telling an anecdote may be helpful (for example, “One of my patients told me that when she moved into the assisted living facility...”). 	<p>Do:</p> <ul style="list-style-type: none"> • Simplify the discussion; • Recognize that in some cultures, the patient may believe that: <ul style="list-style-type: none"> ◦ Status is based on family or gender; ◦ Privacy, respect, trust, and dignity are very important; ◦ Events are predetermined or caused by external forces and little or nothing can be done to change their course; ◦ Discussing bad news may result in adverse consequences or hasten death; and ◦ Information about the illness or condition and bad news should not be shared with him or her;

Part Two: Information Gathering and Sharing (cont.)

ALL PATIENTS	OLDER PATIENTS	RACIALLY, ETHNICALLY, AND CULTURALLY DIVERSE PATIENTS
		<ul style="list-style-type: none"> • Explain procedures and request permission to perform them before proceeding; and • Ask if the patient is using alternative or complementary medicine (for example, a Hmong patient may be working with a Shaman).
<p>Don't:</p> <ul style="list-style-type: none"> • Give too much or too little information; • Use adverbs, such as “rare” and “frequent,” as the patient may misinterpret their meaning; and • Overload the patient with technical details (share this information with him or her as appropriate or upon request). 	<p>Don't:</p> <ul style="list-style-type: none"> • Discuss more than one topic at a time. 	<p>Don't:</p> <ul style="list-style-type: none"> • Discuss more than one topic at a time.

The Patient Encounter

Part Three: Summarizing, Decision Making, and Follow-Up Planning

ALL PATIENTS	OLDER PATIENTS	RACIALLY, ETHNICALLY, AND CULTURALLY DIVERSE PATIENTS
<p>Do:</p> <ul style="list-style-type: none"> • Ask the patient to repeat pertinent information and instructions to ensure that he or she understands them; • If you don't think the patient understands the information or instructions, rephrase and simplify them; • Ask the patient if he or she has questions or concerns; • Encourage the patient to participate in decision making; • Make sure that the patient agrees with the plan; • Recognize that the patient may need time to absorb information; • Summarize the discussion and explain follow-up plans; and • Provide clearly-written instructions and resources the patient can refer to at home. 	<p>Do:</p> <ul style="list-style-type: none"> • If a companion is included in the discussion, ask him or her to repeat pertinent information and instructions to ensure that he or she understands them; • If you don't think the companion understands the information or instructions, rephrase and simplify them; • Recognize that the patient may ask you to make decisions; and • Provide clearly written step-by-step instructions the patient can refer to at home. 	<p>Do:</p> <ul style="list-style-type: none"> • If a companion is included in the discussion, ask him or her to repeat pertinent information and instructions to ensure that he or she understands them; • If you don't think the companion understands the information or instructions, rephrase and simplify them; • Recognize that in some cultures, the patient may ask you to make decisions or ask that family members are included in decision making; and • Provide clearly written step-by-step instructions, in the patient's preferred language, that he or she can refer to at home.

Part Three: Summarizing, Decision Making, and Follow-Up Planning (cont.)

ALL PATIENTS	OLDER PATIENTS	RACIALLY, ETHNICALLY, AND CULTURALLY DIVERSE PATIENTS
<p>Don't:</p> <ul style="list-style-type: none"> Assume that the patient understands what you said; and Assume that the patient is willing and able to follow the plan. 	<p>Don't:</p> <ul style="list-style-type: none"> Overload the patient with too much detailed information. 	<p>Don't:</p> <ul style="list-style-type: none"> Overload the patient with too much detailed information.

Resources

The chart below provides resources for communicating with your Medicare patients.

For More Information About...	Resource
Current and Projected Beneficiary Enrollment in the Medicare Program	“2015 Annual Report of the Boards of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds” on the Centers for Medicare & Medicaid Services (CMS) website
Census Bureau Population Data	http://www.census.gov on the U.S. Census Bureau website
Improving the Health of Racial and Ethnic Minority Populations	http://minorityhealth.hhs.gov on the Office of Minority Health (OMH) website
Web-Based Training Cultural Competency Courses	https://www.thinkculturalhealth.hhs.gov/Content/ContinuingEd.asp on the OMH website
All Available Medicare Learning Network® Products	“MLN Catalog” on the CMS website
Provider-Specific Medicare Information	“MLN Guided Pathways: Provider Specific Medicare Resources” on the CMS website
Medicare Information for Patients	https://www.medicare.gov on the CMS website

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