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EUROPEP-ÖGAM IMPROVE AUSTRIA
1st Project: Barriers Study

SUMMARY
Work in Progress. Intermediate report on IMPROVE (i.e. "Implementation of Patient Involvement Instruments to Improve General Practice Care for Older People in Europe"). An international study on quality improvement of doctor-patient communication in general practice and family medicine.

Patient-doctor consultations are the most common medical service rendered by general practitioners and therefore constitute an important research topic in the context of medical quality improvement efforts. They aim at raising doctors' level of reflexiveness and consideration, to further "mindful practice" (Ronald Epstein 1999). Comparison between one's own views with those of medical colleagues, and with the patients' perspectives, yields a multitude of useful suggestions. This is a central and internationally recognised approach to quality assurance and quality improvement.

The multinational research institution EUROPEP (European Task Force for Patient Evaluation in Family Practice) directed by Prof. Dr. Richard Grol, Centre for Quality of Care Research, University of Nijmegen and Limburg, Netherlands, is carrying out IMPROVE, a research project conducted in eleven European countries supported by the EU BIOMED programme. It is to last from 2000 until 2003. The project investigates well documented methods of patient involvement, i.e. inducement of elderly and very aged patients to become actively involved in the information and decision-making processes taking place in the course of general practice patient care. This large-scale multinational research project is expected to yield concrete results in the form of a "tool box", i.e. a range of carefully selected communication techniques, supplemented with recommendations on their practical use, to be employed in general practice and family doctor consultations.

The first part of the project, the "Barriers Study", directed by Prof. Dr. Richard Baker, University of Leicester, UK, is concerned with the attitudes of doctors and patients towards various communication tools and with the practical experience gained, i.e. with attitudes towards "barriers" and "facilitators".

Our material was collected through qualitative interviews which were tape-recorded, transcribed and encoded by our team, Dr. Carina Bouwensch, Ms. Sabrina Kaselitz and Mag. Kurt Angerer. They interviewed 20 family doctors and 50 of their patients belonging to the elderly age group (70 to 79 years old, as well as 80 years and more) about their general attitudes towards the research topic as well as their experience with and evaluation of the use of

- **information sheets for patients**
- **questionnaires on patients' general health status and quality of life (e.g. MOS-SF36)**
- **questionnaires on patient satisfaction with various aspects of the medical service rendered (e.g. the EUROPEP questionnaire)**
- **communication training for medical doctors (only doctors were interviewed)**
- **communication tools (e.g. drawings encouraging patients to ask questions, to be accompanied by relatives, to talk to "practice nurses" or other staff**
- **patients' self-help groups.**

The current state of our research, i.e. a summary of the multi-faceted and highly differentiated responses collected and analysed by us, is presented below together with selected exemplary quotations that seemed to reflect the full range and complexity of "patient involvement" or even "patient empowerment". The material reveals different stages in the development of patient-doctor relations, as well as differentiation between urban, small-town and rural population segments.

The interviewed family doctors general attitude towards "patient involvement" was pleasantly positive:

Yes, of course. This goes without saying.

(P11, female rural GP, 44 years, 60-80 personal patient contacts per day)

I can only tell you how I am doing it: I always try to give people a say in decisions. I always try to explain different treatment options to them and then let them decide for themselves. Some patients think this is good, but others don't like it at all. There are many who prefer being dominated by a doctor. ... Well, the younger patients accept my approach, but the older ones rather prefer instructions on what to do, with the general attitude: you are the doctor, you must know what I have to do ...

(P14, female GP in a small town, 32 years, 40 personal patient contacts per day)

Yes, I think, in principle this is what I am doing all the time anyhow, I ask a cancer patient whether he wants to stay at home, whether he wants to receive therapy at home; I describe different kinds of therapy to him and then he decides which one he wants ...

(P12, male GP in small town, 42 years, 45 personal patient contacts per day)

Active involvement of elderly patients is considered as an important medical task, likely to become more important in future:

I do not differentiate, according to a patient's age, but whenever I involve him I get a good feeling both with younger and older patients, that they both understand me equally well, perhaps sometimes even better than younger patients. Certainly there is no communication problem. The only thing is, lack of time and possibilities. If the waiting room is full of people and the patients are aware of it when they come in to me, the setting is not ideal. But basically, elderly persons are certainly able to be involved.

(P2, male GP in a large city, 45 years, 50-60 personal patient contacts per day)

Older patients ask for less. They want to get treatment straight away and some advice, etc., not so much being involved ... The future lies in personal dialogue, in

providing information. In the information that is given to patients to take home with them. I, for example*, give them all the medical findings to take with them.*

(P13, male GP in large city, 50 years, 25 personal patient contacts per day).

Patient involvement is linked with compliance:

Generally one needs responsible behaviour in patients and independence, this is positive. If the patient is involved as comprehensively as possible in all decisions and diagnoses, then compliance will also be higher.

(P4, male GP in large city, 46 years, 15-20 personal patient contacts per day)

In principle, in itself, it is good to have well informed patients, because they – through the general media situation – it is useful if they know what it is all about, because then they are specifically informed and compliance is better...

(P12, male GP in small town, 42 years, 45 personal patient contacts per day)

Patient involvement is an important aim in patient-doctor communication, both with older and younger patients. Limitations are mentioned with reference to decreasing sensory and mental abilities in certain very aged patients:

I do not differentiate according to age, but I act differently when I notice that a patient's mental powers are declining.

(P15, male GP in large city, 59 years, 30 personal patient contacts per day)

I do have serious problems with patients who are hard of hearing because of old age.

(P16, male GP in small town, 45 years, 60 personal patient contact per day)

Personal conversation with the doctor is preferred by patients over communication in writing via printed material.

I think, personal conversation with the doctor is what is most important in any treatment. As soon as a form is filled in, this is like being in some public office.

(P14, female GP in small town, 32 years, 40 personal patient contacts per day)

The questionnaire on "Mini Mental Status". I don't know whether you know this, (the interviewer denies)*, there are questionnaires with which one tries to check the patients' current mental faculties, whether or not there is incipient dementia. Those questionnaires I more or less go through with my patients ...*

(P18, female GP in small town, 55 years, number of patient contacts per day: no information given)

Tools:

The most commonly used tool is the information sheet for patients, evaluated in different ways, however.

I do think that conversation is what is most important, and combined with it, a booklet, because the patient accepts it differently, it is different if the nurse outside gives it to him ... usually, if I hand it to them, then they are sure to read it ..., it is curious, yes.

(P12, male GP in small town, 42 years, 45 personal patient contacts per day)

Few booklets are really well suited for patients: with large print, with clear, short sentences. There is a lot that is too complicated.

(P18, female GP in small town, 55 years, number of patient contacts: no information given)

Most doctors are familiar with the existence of patient questionnaires, but only a few have personal experience with them. Yet, most GPs consider the use of questionnaires as useful or very useful.

I participated in the EUROPEP Study. ... I can see my own mistakes, I can respond better to the wishes of my patients. It improves communication ... I get more information on my patients, I get more information on my

methods of treatment, I can learn more from this and then apply it to my other patients.

(P6, female GP in large city, 43 years, 30 personal patient contacts per day)

This feedback sheet (questionnaire on patient satisfaction), I can imagine using it.

(P20, male GP in large city, 39 years, 15-20 personal patient contacts per day)

Also known but hardly used are questionnaires on patients' health status and quality of life.

I think it is a great advantage, when elderly persons get a chance of saying something, of expressing themselves, when they feel they are being personally involved. This is relatively rare in our society, of course.

(P8, female country doctor, 40 years, 25 patient contacts per day)

I participated in a project on cancer patients. It also worked with questionnaires. But in my everyday medical practice I do not use them (lack of time). If they are tested, patients feel they are taken more seriously. They like this. One takes a greater interest. It is helpful and is a basis for decision-making by the patient, it makes things more objective ... contentment about being taken seriously; all their life, no notice is taken of them.

(P11, female country doctor, 44 years, 60-80 personal patient contacts per day)

Nearly all doctors consider good communication skills as essential: nearly half of those interviewed hold diplomas on psycho-social, psychosomatic or even psychotherapeutic medicine issued by the Austrian Chamber of Medical Doctors; available communication training facilities are well known by the majority and are welcomed.

Well, patient motivation is what is fundamental and this is achieved in doctor-patient interaction, right on the spot: through information; by asking what is important to the patient and what is less important; that one tries to find out his basic needs; that one tries to find out about the

social environment and to take it into account, partly also to motivate the patients' relatives to do something. That's how it is.

(P17, male GP in small town, 44 years, 50 personal patient contacts per day)

Involvement of third parties (relatives, practice staff, nurses) is highly appreciated and practised by all doctors interviewed.

I have done the Balint traing on communication techniques, or I involve my patients' relatives in the therapeutic process. That is, I tell them when to give them the diuretic pills or that they are to take their relatives' blood pressure.

(P16, male GP in small town, 45 years, 60 personal patient contacts per day)

The activities of patient self-help groups are considered very useful by the doctors interviewed. However, only few of them report that they are co-operating with such groups regularly.

... I experience this here, that many elderly persons are absolutely alone, and they all meet at the GP's surgery, so this suggests the idea of organising some contact point for single persons so they could help each other, or just keep each other's company; also to organise self-help groups for single elderly persons.

(P4, male GP in large city, 46 years, 15-20 personal patient contacts per day)

All kinds of groups: also, if one organises a group for diabetics, one for hypertension, for dieting or spinal gymnastics. Wherever one talks with a patient more, he is better able to do something about his complaint. Anybody who takes his own blood pressure or measures his blood sugar, or who checks his asthma with a peak-flow-meter, is a competent patient and compliance is significantly higher than if one says: "Here is a box of pills, take them".

(P5, male GP in large city, 47 years, 50 personal patient contacts per day)

I have tried patient groups, too, but with less success. Forming groups is extremely time-consuming.

(P16, male GP in small town, 45 years, 60 personal patient contacts per day)

The most commonly mentioned barrier frequently preventing doctors from realising their aim of involving their patients in information and decision-making processes is lack of time, which is generally perceived as being related to the background conditions of family doctor practice in Austria.

Well, what I think would be a good idea, what would be helpful, would be better networking of the various services received by elderly patients, of the different social services.

(P3, female GP in large city, 45 years, 30 personal patient contacts per day)

If I had a choice, a problem that would have to be solved is the lack of time: group practice would be a good thing, a more relaxed atmosphere, fewer people.

(P11, female country doctor, 44 years, 60-80 personal patient contacts per day)

This means, one needs to take a lot of time selectively.

(P12, male GP in small town, 42 years, 45 personal patient contacts per day)

Perhaps one should lower the frequency of visits by individual patients, and to train patients to consult the doctor only when they feel to be "really ill" ... that the patient learns to judge his or her own condition.

(P15, male GP in large city, 59 years, 30 personal patient contacts per day)

This is a frequent reason for annoyance and discontent.

I would take more time for my patients. What I would like best would be a small practice and enough time to get fully involved with my patients.

Since we will have to see more patients in future, the time problem will increase. That means, this kind of counselling and care ought to be financially rewarded, which in turn would mean that the entire health system would have to change. Anyway, I believe that the future will be doctors practising without health service contracts ("*Wahlärzte*").

(P16, male GP in small town, 45 years, 60 personal patient contacts per day)

The future is gloomy, but not that one should not do it or could not do it, rather, I think more and more will be needed, and people will continue to grow older – but: all those tasks and those "good deeds", as I always call them, are not financially rewarded in any way.

(P18, female GP in small town, 55 years, number of patient contacts: no information given)

A young female doctor names another additional reason for her discontent:

I do not have a contract with the health service, but this has to do with the fact that if patients are asked they say everything is fine, we receive very good care, we do not need any new health-service practices, we do not need additional health-service doctors, so everything stays the same.

(P14, female GP in small town, 32 years, 40 personal patient contacts per day)

Patients, too, mostly show a positive attitude towards "patient involvement":

I think it is a good idea. This way, one sort of gets to the heart of the matter. For me it is a matter of course to know what state my body is in. I have a very good feeling indeed. He really cares for his patients, a doctor could not do more ...

(P30, female, 78 years, completed trade school, married, lives in a family setting, in a rural community)

It should be like this generally ... I think patients would get more out of it. But on the other hand: there are people who want to keep their eyes shut, but I am not like that

..., people who say: I do not want to know. But I, myself, I say: it is as it is. That's my own point of view.

(P49, male, 77 years, university degree, married, lives in a family setting in a small town)

Doctors and patients do not talk to each other enough. If I notice my doctor does not take any interest, then I don't even start. It would be good to improve this. In principle I am content with my doctor. He is a quiet person and I am not much of a talker, either. He ought to ask more questions, how I feel, what my problem is, what the matter is. Actually, I do not need my family doctor that often. When I do see him he could take a bit more time to talk with me.

(P28, male, 79 years, completed trade school, widowed, lives in family setting in a rural community)

That I am being involved ... I can't imagine this ... well, I decided to ... well, I am 77 ... if I should get a serious illness I won't have an operation. At first I go through this suffering then I must go on, go through this operation, and then the after-effects and yet, later, still the end ... do you understand me? (Interviewer: "Hm...") *This is my opinion.*

(P26, female, 77 years, training in first-aid, divorced, lives in family setting in a rural community)

The majority of patients express the opinion that their own family doctor informs and involves them sufficiently in decisions.

We discuss a lot of things. He is not pressed for time – is exaggerated ... if the waiting-room sometimes is full of people ... but he takes time for his patients ... I do get this feeling. Well, I don't know ... perhaps he likes me personally, because I don't hide my opinions, you know? And perhaps that's why he explains more ...

(P49, male, 77 years, university degree, lives in family setting in a small town)

Enough participation, I think, if one uses this chance ... some people won't, of course ... because in the old days, if I remember, thirty years ago, or forty, they used to be

*"*Gods *in White"... when one used to ask something one had the feeling that they, in principle, do not give any information, and also that they were thinking to themselves one does not understand anyway what for...*

(P24, female, 73 years, widowed, completed commercial school, lives alone in a rural community)

The overwhelming majority of the persons interviewed state that their doctor has enough time for them.

My doctor gives the impression that she has enough time for me. Told me once why she has time. She has another income from her job as school doctor. Yet, one still tries not to take up too much of her time. Her attitude is relaxed when we are talking; always listens carefully - that it is confidential, I assume anyway.

(P1, female, 74 years, divorced, secondary education certificate, lives alone in a large city)

General satisfaction with and trust in one's own doctor is very high.

Do you mean, when I see him and ask him about my illness? I can ask him – and I will always get an answer. And I have the feeling it is alright ... he thinks about it and is sure to tell me the right thing ... and then I think that I was right ... and when something is not clear to me, I can ask him...

(P50, female, 80 years, married, completed primary education, lives in family setting in a small town)

I am content. I also check myself.

(P2, female, 82 years, trained in a craft, widow, lives alone in a large city)

What was serious was when my wife had the stroke and then was discharged from hospital and we went to see our family doctor. I don't want to praise him too much now, but he was very kind. He gave me his private telephone number and said, if there is anything, do call me ... Something did happen and I did call him and he came immediately...

(P4, male 81 years, completed trade school, widower, lives alone in a large city)

The difficulty with Dr. X is – that he does not talk, at least not much ... you have to wheedle everything out of him ... otherwise my relationship to Dr. X is a very good one... (later in the interview) *Yes, sometimes it would be good if he would talk more ... even if I am not much of a talker myself ...*

(P20, male, 77 years, agricultural college certificate, married, lives in family setting in a rural community)

Tools:

The possibilities of improvement through use of available tools are evaluated in differing ways.

EUROPEP questionnaire: Helpful, because I think most patients, if they dislike something about the doctor, they do not dare to say anything, but if they have a questionnaire in front of them then it is easier to write down that something is not alright. Some people are intimidated and do not dare to ask.

(P43, female, 77 years, commercial college diploma, widow, lives in family setting in a large city)

A few days ago I filled in a questionnaire, it was about something completely different, very ordinary everyday things. But I thought to myself: an elderly person who perhaps is a bit clumsy, what is he to do with such a form, he won't be able to cope, and this also applies here. Either one still is mentally active, then it isn't a problem. But a person living alone, it could happen that such a person would not be able to cope with it. I would say: yes-no.

(P6, male, 78 years, engineer, married, lives in family setting in a large city)

Oral consultation is also preferred by patients over dealing with printed material in writing.

To be honest: I go to my family doctor to get information. For, I must tell you frankly that patient information sheets only make patients feel insecure. For, in the first

place: I don’t know medical expressions, and if I then read this I don’t understand. For, I go and see my doctor, he explains things to me and also tells me why this is so and I am content with that.

(P4, male, 81 years, completed trade school, widower, lives alone in large city)

Patient information sheets are well known by patients. Mostly they are freely available in the waiting room. Sometimes they are handed to patients by the doctor.

Yes, they are useful ... He sometimes has similar forms in the waiting room ... one looks through them there ... they do give one ... good ideas and reminds one of things one would not think of, otherwise...

(P49, male, 77 years, university degree, lives in family setting in a small town)

Drawings encouraging patients to talk to the doctor are rarely considered useful:

Helpful. Yes, of course. Many people don’t dare to say anything, anyway ... but if they read this, well, then perhaps they feel encouraged a little, so they do ask .... don’t they.

(P27, female, 82 years, completed primary education, widow, lives alone in small town)

My doctor has a similar poster in her surgery, it says if we want to complain about something we may ask questions at any time. This poster is seen by many patients and they then ask questions.

(P35, female, 73 years, completed secondary education, married, lives in family setting in a rural community)

Some patients gave the interviewers some quite revealing insights into their personal strategies in dealing with their doctors:

I always tell my doctor what I think anyway, and after all, after all those years one has some experience, one is also able to tell oneself what the matter is. And then I gently suggest something in that direction, and then she says:

"We'll have this examined"; the suggestions mostly come from me.

(P7, female, 74 years, commercial college diploma, married, lives in family setting in a large city)

But it is me, for example, who makes suggestions to her, subconsciously perhaps, whether some prescription works or doesn't, and I also tell her what the after-effects were according to my own lay opinion, so she can pass her own judgement. This has happened a number of times.

(P6, male, 78 years, engineer, married, lives in family setting in a large city)

I think she does everything the way I tell her; she does not contradict, listens, and then she treats me.

(P2, female, 82 years, trained in a craft, lives alone in a large city)

This is also very important to me: I can't complain about Dr. X. ..., for I am not one who gets pushed aside ... I am a patient who needs something and who wants to get some explanation ... and if this does not happen, then I start wheedling, until he tells me what I am after ... or until he explains things to me the way I want him to ... one cannot know everything nowadays. If I think of computer technology ... the words used there, one needs a special dictionary for this, if you want to translate it ... Yes, this is my opinion.

(P49, male, 77 years, university degree, lives in family setting in a small town)

Future prospects:

I know surgeries of doctors that overflow with patients, there one ought to do something.

(P1, female, 77 years, secondary education certificate, lives alone in a large city)

The above statements by a total of seventy persons interviewed in a qualitative study collectively provide a many-faceted picture of the current stage reached in doctor-patient communication common in Austria.

The aims and aspirations of the doctors interviewed are clearly more ambitious than those of their elderly patients who regularly show the highest personal appreciation of their personal doctor and who express great, or very great, satisfaction with the medical care they receive.

Upon closer scrutiny they, too, contributed valuable suggestions for improvement. We consider observation of the doctors' views and of the patients' perspectives as important basis for further quality improvement in medical care of elderly and very aged patients offered by general practitioners in Austria.

The next step in the IMPROVE project, the "Implementation Study", directed by Dr. Joachim Szeczenyi, AQUA Institute, Göttingen, FRG, will investigate the application of selected, well documented "tools" by general practitioners.

For the next phase in our study we, the ÖGAM research team, will soon need the co-operation of twelve general practitioners. We have high expectations for this new phase in our research and look forward to presenting to you in the near future further results on the optimisation of patient-doctor interaction, thus contributing to the quality of medical care in Austria.

We warmly thank all national and international colleagues whose co-operation enabled us to carry out the Barriers Study.