

POLICY & PRACTICE

ACOG Down on Home Genetic Tests

At-home genetic testing should be discouraged because of the potential for patients to misinterpret the test or get an inaccurate result, the American College of Obstetricians and Gynecologists' Committee on Genetics and Committee on Ethics said in a recent policy statement. Genetic testing should be performed only after a consultation with a qualified health care professional and a referral to a genetic counselor or medical geneticist may be necessary in the case of complex testing, according to the policy. "Appropriate pretest and posttest counseling should be provided, including a discussion of the risks, benefits, and limitations of the testing," ACOG advised.

MDs Don't Recruit Research Subjects

Nearly 95% of Americans in a recent survey said that their physician has never spoken to them about participating in a medical research study. The survey results, released by the Society for Women's Health Research, also found that less than 10% of respondents had ever participated in such a study. Further, women were less likely than men to know that research opportunities were available. About 73% of women were aware of research opportunities, compared with 83% of men who were surveyed. Women were also more likely to say that they were too old or too sick to participate in research, according to the study. For example, 7.2% of women said that their age made them hesitant to participate in clinical research, compared with 2.4% of men. "Women 65 and older are among the fastest growing segments of our population, and we have very little health research data on them," Sherry Marts, Ph.D., vice president of scientific affairs for the society, said in a statement. "This lack of information is an area of great need and growing concern." The telephone survey included responses from 2,028 U.S. adults.

Women Favor Medical Home

More than half of American women in a recent survey said they had difficulty navigating the health care system. The survey, commissioned by the American Academy of Family Physicians, found that women aged 18-34 years had the most trouble obtaining health care services, with 74% saying it was at least somewhat difficult. But most women support the concept of the patient-centered medical home. More than two-thirds of women surveyed said that being able to obtain same-day appointments for acute illnesses was important to them. And 62% said that having one physician to coordinate all their care was important. "A system that is difficult to navigate and relies on patients to deliver tests and communicate diagnoses leads to fragmented care, duplication of tests, and sometimes unnecessary procedures—all of which steadily drive up the cost of health care for the nation as a whole," Dr. James King, AAFP president, said in

a statement. The online survey of 1,270 adult women was conducted by Harris Interactive.

Doubt Cast on Health IT Savings

Health information technology, when coupled with other reforms, can help reduce health spending in certain settings, according to a report from the Congressional Budget Office. However, the adoption of health IT alone will not produce significant savings, the report concludes. "Office-based physicians in particular may see no benefit if they purchase [an electronic health record]—and may even suffer financial harm," the CBO report said. Recent studies by the RAND Corporation and the Center for Information Technology Leadership estimate savings from health IT at around \$80 billion annually. However, the CBO takes issue with those estimates because the savings figures are derived by assuming a number of changes to the health care system. The CBO report also outlines possible policy options for the federal government to encourage the adoption of health IT by physicians and hospitals. CBO analysts found that a subsidy to providers could increase adoption but would be costly to the government. On the other hand, a mandate for adoption or a penalty for lack of adoption would also be effective but costly for providers. The full report is available online at www.cbo.gov.

Group Calls for Obesity Action

The advocacy group Campaign to End Obesity, in concert with the American College of Gastroenterology, the American Heart Association, the American Diabetes Association, and others, has issued a call to action outlining what it said Congress must do to address the obesity epidemic. "It is time for the government to take a more comprehensive policy approach to the problem—to look holistically at factors that influence obesity and to look for ways to support people in preventing, managing and treating the disease," the report said. The call to action said that there is much more that lawmakers can do about improving school nutrition and physical activity standards, and that Congress also should consider reimbursement for providers who manage and treat obesity.

Consumer Reports to Grade Hospitals

Consumer Reports has begun grading hospitals and plans to eventually add ratings for other health care providers. The ratings, which include nearly 3,000 hospitals, are available at www.consumerreportshealth.org. The online tool allows consumers to compare hospitals based on their treatment approaches for nine chronic conditions. The comparison includes the time spent in the hospital and average out-of-pocket costs for each condition. The effort is the first project of the newly launched Consumer Reports Health Ratings Center.

—Mary Ellen Schneider

Good Communication Skills Can Smooth Your Way

BY LEANNE SULLIVAN

Associate Editor

More than a third of physicians find at least 25% of their patient interactions to be quite frustrating, and about 8% of physicians say they find at least half of their consultations frustrating.

Good communication skills can help equip physicians to cope with the patients whose behavior and personalities they find challenging.

Although communication skills involve "no whiz-bang drugs or procedures or devices," they can be learned, said Dr. David J. Gullen of the Mayo Clinic, Scottsdale, Ariz.

And once learned, these skills will be used often throughout a physician's years of practice, Dr. Gullen pointed out.

"We estimate that in a 25-year career, we could have roughly 250,000 patient encounters. Now, that would be somebody who does a lot of outpatient work. Even if we had a very specialized, proceduralized practice ... we still would spend more time talking to patients than actually operating on them," he said.

Studies have shown that good communication can improve clinical care through better adherence to treatment plans, improved patient and physician satisfaction, better data gathering, and more appropriate medical decisions, Dr. Gullen said at the annual meeting of the American College of Physicians.

Good communication between physician and patient also can reduce the risk of malpractice claims, he said.

The American Academy on Communication in Healthcare (www.aachonline.org) has divided patient-physician communication into three functions: information gathering, relationship building, and education.

The three main goals of the patient interview are to glean information about the patient's health status and what the patient expects from the physician that day, to build a trusting relationship between the physician and the patient, and to provide health education to the patient.

Information gathering involves active listening. A University of Rochester (N.Y.) study showed that, on average, doctors interrupt a patient's narrative after only 18-23 seconds. Make an effort not to interrupt for at least 1 full minute, Dr. Gullen suggested.

In primary care, "about a quarter of patients think we didn't talk about, [solve], or address the problem for which they saw us. For subspecialists, it's about the same: Maybe a third of the patients think the subspecialists either didn't address the problem or didn't explain the recommendations very well," he said.

Patients present with an average of three to five complaints, and the first one they recount is usually not their main concern, so don't spend the entire visit on that, he cautioned. Instead, after patients tell you their first complaint, ask, "Is there anything else?"

To prevent making patients feel as if what they just told you is unimportant, you can add, "I'm really concerned. I just want to see if you brought anything else with you."

Eliciting as much information as you can at the outset helps decrease "Oh, by the way" or "doorknob" complaints that patients volunteer as the visit is ending, he added. And even if you get a "laundry list" of complaints, you may realize that several items are related and can be dealt with at one time.

If there are too many issues to deal with in one day, Dr. Gullen suggested being transparent and saying something like, "I want to give you good care, so let's focus on a few things." Set a clear limit as to what can be accomplished in one visit, negotiate with the patient to set the agenda, and make a plan for another visit if necessary.

Active, open-ended listening can be hard work, but patients are often surprised and grateful to be listened to.

When they are done speaking, summarize what they said so that they feel heard and can correct you if you misunderstood something. Then you can bring them back to what you want to focus on, he said.

Dr. Gullen suggested that to improve your relationship-building skills and establish the patient's trust, think of the acronym PEARLS:

► **Partnership.** This involves working with the patient to define the issues and create a treatment plan.

► **Empathy.** Understanding can be communicated to the patient through remarks such as, "That sounds hard," or "You look upset."

► **Apology/acknowledgment.** Show concern for the patient through comments like, "I'm sorry I'm running late today" or "I wish things were different."

► **Respect.** Show appreciation for the patient's behaviors by saying things like, "You have obviously researched this problem quite well" or "You have obviously worked hard on this."

► **Legitimation.** Reassure patients that their feelings are appropriate: "Anyone would be confused by this situation."

► **Support.** Tell patients that you are there to help them. ■

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