

Creative Ideas Can Maximize Patient Education

BY ANNE SCHECK
Contributing Writer

SAN FRANCISCO — If you don't think you have the time or money to produce effective patient education materials guess what? You're right.

But don't let that stop you.

That was the advice of Cindy Barter, M.D., who urged her colleagues at a conference on patient education sponsored by the Society of Teachers of Family Medicine to provide patients with easy-to-read, eye-catching information that they can rely on outside the physician's office.

Dr. Barter, who practices in Bethlehem, Pa., said she was not going to pretend that time and budget constraints are not a big barrier to providing this kind of patient education. "They are," she said.

However, by mining the Internet and buttonholing her corporate contacts, she has been able to give patients everything from disease-specific literature at a level they can understand to interactive Web-based information at the click of a mouse. It takes some digging around, she conceded, "but you can do it."

There are ways to trim both cost and time to provide good patient education to this population, Dr. Barter said at the conference, also sponsored by the American Academy of Family Physicians.

"Here are some things to think about doing," she responded:

► **Exploit the Internet.** Though in the not so distant past many patients did not have online access, that is rapidly changing. A federal survey showed the population of Internet users, even among elderly groups, has climbed from about 25% to nearly 50% over the past several years, according to the Centers for Disease Control and Prevention. As a result, e-mail is being more commonly used to educate and keep in touch with patients.

Lehigh Valley Hospital and Health Network, which is part of the system where she works, offers e-newsletters to help patients take more control over their health, according to its Web site. For physicians who want to provide their own brand of patient education, the AAFP offers advice and tools for building Web sites on the AAFP site. For those who want to look into starting group e-mailings, the American Medical Association's Web site contains guidelines that can help with that effort, too.

► **Make requests of your drug reps.** Tired of posters that plug a drug? In need of handouts that inform patients about the condition without urging them to use a specific product? Let your pharmaceutical representatives know, Dr. Barter urged. Though there were reports at the meeting by physicians who said they were taping over or "whiting out" such references, Dr. Barter stressed that what needs to occur is some revision. "I have no problem with a company name being listed," she told this newspaper. However, when a pamphlet fairly screams with a message touting the corporation, she finds it less suitable to give out to patients. She feels a need to be selective in her reliance on these materials.

► **Create your own materials.** This

sounds harder than it is, Dr. Barter noted. The Web site www.familydoctor.org has a wealth of direct, simple to understand information that can be used, and patients can be directed there as well. One possible problem: Much of it is written at a middle-school level, and she has found that many patients require a fifth-grade or lower reading level. "It needs to be scientifically appropriate, but it needs to be easy to understand," she cautioned, and, of course, culturally sensitive, Dr. Barter said.

► **Keep in mind that outlandish ideas sometimes fly.** Dr. Barter gave the example of one relatively noncompliant patient who needed the kind of help that could not be provided on the Internet or in a pamphlet.

"She had rather poorly controlled diabetes," Dr. Barter recalled. However, it was the fact that she did not remember to take her medication—and not lack of understanding of her disease—that was the problem. "She said she couldn't remem-

ber, and she wanted someone to call and remind her," Dr. Barter said. "I didn't think it was possible to have someone call her every morning."

But Dr. Barter was wrong. Under treatment in another part of her institution's program was a woman with multiple sclerosis who was homebound—and felt unproductive. "She agreed to call this patient every morning, and she felt useful doing that," Dr. Barter said. "So you just never know." ■

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