ADDRESSING PATIENT'S AGENDA:
THE ‘VISIT’ TOOL

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Outline:
- Background – The clinical context
- Patient agenda setting
- Values In Shared Interactions Tool (VISIT): The journey

BACKGROUND – CLINICAL CONTEXT

"An effective doctor-patient relationship is built on adequate two-way communication where the doctor shares their clinical expertise and the patient voices their concerns and expectation."

Charles et al 1997

CHALLENGES in eliciting patient perspectives in medical consultations (Legare et al 2008):
- Doctors' lack of skills
- Prevailing attitudes e.g. paternalism
- Time factors
- Lack of patient empowerment to participate in consultations

Silent misdiagnosis of patient preferences: Doctors make assumption about patient’s preferred options (Mulley et al 2012)

BACKGROUND – CLINICAL CONTEXT

One area where patient concerns are often neglected is chronic disease management (Frost J et al. 2013)

Doctors tend to focus on managing chronic disease rather than other health issues that may be on patient’s agenda

AGENDA SETTING: A strategy to address patient concerns

A process whereby patients and clinicians establish a joint focus for their conversation and/or their working relationship (Gobat N et al 2015)

Common strategy across a range of disciplines

Involved 6 core components (Gobat N et al 2015):
- Identifying patient talk topics
- Agreement of shared priorities
- Collaboration
- Identifying clinician talk topics
- Establishing conversational focus
- Engagement
AGENDA SETTING

Improves patient satisfaction (Middleton JF et al 2006)

Addresses more issues per consultation compared to usual care (Hornberger J et al 1997, Middleton JF et al 2006)

Most often done via a paper form administered first to the patient and then delivered to the doctor either before or during consultation.

However, this increases the length (and therefore the cost) of consultations (Hornberger J et al 1997)

Values In Shared Interactions Tool (VISIT):
Using technology to facilitate patient-centered consultation agendas

A website was developed where patients could enter their concerns before seeing the doctor, and this list of concerns would appear on the doctor’s electronic medical records screen.

VISIT website design process

Conceptualization
3 phases based on user-centered design principles: (Strategy, Scope, Structure)

Prototype design
Iterative website design process involving hospital ICT team. Integration of VISIT into hospital EMR system

Expert panel
Patients, EMR experts, primary care physicians. Feedback on navigation issues and clarification of website purpose

Pilot testing
Patients with chronic disease conditions

VISIT : Pilot test in primary care clinic in University of Malaya Medical Centre (2016)
Result (1): Facilitated patients to communicate their agenda to the doctor

It helps. Because before I go and refer (consult) to the doctor, I've already keyed in everything, it's like a refresh for me... so even for myself I can understand what I'm supposed to go and talk to them (about). It's not like I go there and then I just think about like what I'm supposed to do... like today I came in, I know already... oh, these are the things I have to tell her. Pt H (female, 51 years old) congerer, female, 25 years old.

Result (2): Helped address unmet patient needs in a chronic disease consultation

I realized she (the patient) had got other, so many problems, which she didn't previously discuss with me. — Dr B, male, 31 years old.

Result (3): Improved communication and rapport between doctor and patient

I don't know why, but today I asked her a question which is a remedy don't, because I usually just sit and just go. But today it was like a different thing altogether. The names of my medications are all in medical terms... and I always carry my pills with me... I just wanted to know what it (the different medications) is for. So before this, I was just consuming it without knowing exactly what the pills are meant for. — Pt A, female, 65 years old.

Result (4): Facilitated doctors to organize their consultation

And having a list, I think, will help us to prioritize which are the most urgent complaints... the most urgent concerns need to be dealt with today. — Dr C, female, 32 years old.

Result (5): Disrupted the doctor's usual consultation style.

I think about 6 issues there. So, if I were to attend every issue, it will be one hour plus. Even then actually today I think I sped up the assessment; I don't think I really assessed helpfully for each complaint because of the amount of things... I actually was shocked with the number of things to discuss. — Dr B, male, 31 years old.

Conclusion: The VISIT tool facilitated the discussion of the patient's agenda in chronic disease consultations. Doctors found this information useful but felt uneasy if the agenda list was too long or too complex.
“VISIT for integrating patient agendas into consultations: A single-center block-randomized trial (2018 – ongoing)”

Aim: Conduct a block-randomized trial to determine the effect of using the VISIT tool in consultations versus regular primary care consultations on: patient and physician satisfaction, agenda items and length of consultation

Team Members

Dr Lee Yew Kong (Principal Investigator) (Dept of Primary Care Medicine, Faculty of Medicine, UM)
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Dr Charity Lee Chin Ai (Faculty of Languages & Linguistics, UM)
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Pilot testing and refinement of VISIT system
- VISIT website ready to launch
- Cluster randomization conducted
- Recruitment of doctors (n=30)

Control arm (regular consultation)
(n=136 patients)

Intervention arm (VISIT in consultation)
(n=136 patients)

Control arm (regular consultation)
(n=15 doctors)

Intervention arm (VISIT in consultation)
(n=15 doctors)

Training on VISIT website

Outcome measures (Quantitative)
- Patient rating on doctor’s discussion of issues
- Patient satisfaction scale
- Average items discussed per consultation
- Average length of consultation time

Outcome measures (Qualitative)
- Discourse-pragmatic analysis on agenda negotiation between doctor and patient (n=10 from each arm)

Study design: Cluster RCT

Patient inclusion criteria:
- On follow-up visits for long-term chronic conditions
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VISIT – Doctor’s view on EMR

Gantt chart
EMR can be used as a platform to improve patient care in the consultation setting - VISIT tool as an example of patient empowerment strategies which is linked to EMR.

Healthcare providers need to be trained on how to be simultaneously competent with the necessary patient communication and healthcare information and communication technology (ICT) skills.

Integration of patient empowerment tools into EMR should be well designed for both the healthcare providers and patients - to be implemented successfully and produce favourable outcomes.

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Thank you!

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