

What Consumer's Really Want: If you build it, will they come?

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Learning Objective

- At the conclusion of this interactive session, participants should be able to:
 - Implement no-cost and low cost strategies for developing a better patient-centered care model in the clinical setting

Who am I?

- Diagnosed with HIV in 1988
- Long time AIDS Treatment Activist
- Founder of WISE and The Well Project
- Mother of two, healthy HIV-negative daughters
- NOT the omni-consumer, but a consumer

Being a Clinician...

- Only 24h/7d
- Staying current
- Intense pressures (insurance, business, etc)
- Multiple clients:
 - Payers
 - Hospital or clinic
 - Patients
- Having a life

Being a Patient

- Vulnerability
- Uncertainty
- Lack of control
- Fear
- Morbidity and Mortality

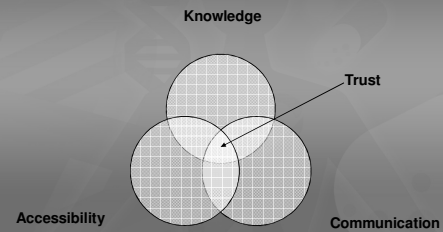
Stigma and Disclosure

- Confidentiality feels meaningless to patients
- Labs often discuss tests out loud
- HIV feels obvious
- Most questions are laced with judgment
 - "How did this happen?"
 - "Didn't you know to protect yourself?"
 - "Why didn't you take all of your meds?"

"...the worst part of being sick is fear of the unknown, which only gets exacerbated if your doctor is not communicating to you properly."

—patient quote in editorial by Marc Siegel, Putting Extra "Care" Into Health Care, The Washington Post, May 1, 2007

What makes good care become great care?



What Patients Want

- Partnership
 - *"Patients want to be people whom doctors do things with, not people that doctors do things to."*
- Communication
 - *"Just as doctors may have trouble understanding a patient's explanation of symptoms, so patients may have trouble understanding a doctor's explanation of the diagnosis."*
- Time
- Appointments

Excerpted from "Attention, Eye Contact and Time", The Washington Post, May 1, 2007, Page HE05

Free...



The Little Things

- Sensitivity Training – importance of eye contact, addressing patient's by name, listening skills, cultural sensitivity
- Information/Referrals Available – if not here, then where?
- Office/Clinic times – early morning or evening hours? Child friendly?
- Bottled water (snack in phlebotomy for fasting labs?)
- Peer Advocate or Educator
- Support Groups, AIDS Service Organizations, Case Management

The Bigger Things...

- Access to you or a member of your team
- Follow up
- Involvement in the Community
- Personal gestures
 - Ask about children/family/partner
 - Birthday card or acknowledgement

Building Bridges

- Patient note pad in waiting room
- Coloring book for kids
- Community calendar
- Clinic open house or potluck (patient advisory group)
- Tour of the office/clinic for first time patients (where's the bathroom, here's the water, the lab is down there...)
- Write things down in the exam room
- Have patient describe what they've heard
- Staff name tags/buttons

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Needs...

- Benefits counselor or treatment access support
- Sensitivity training
- Removing judgment in language

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The Desired Outcome

- A better patient/provider relationship
- Mutual respect/trust
- Better adherence and attendance
- Easier communication and referral
- Happier, healthier patients!

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Conclusion

- If you build a patient-centered practice, the community will seek you out.
- HIV can be de-humanizing for patients. Providers who are willing to be real people with their patients will often find that patients are very responsive and appreciative.
- You are essential to your patient's success. Thank you for all you do!

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