

Office Visits

Optimizing the Office Visit

In today's healthcare climate, constraints on the amount of time available for office visits have put pressure on neurologists to increase their efficiency without compromising thoroughness. A variety of effective, practical, and simple strategies can aid the achievement of this goal. Members of the *Neura* editorial board also lend their perspectives from practice on some of these strategies.

Before a Patient's First Visit

When a patient calls to schedule an initial visit, the physician's staff should initiate steps to ensure that the individual's past medical history (including confirmed diagnoses and any surgeries), most recent laboratory work, and any neuroimaging results are obtained from the primary-care

physician and other neurologists seen in the past. In addition, the patient should be advised to arrive a few minutes early and to bring a list of allergies and current medications, plus any other records needed to complete forms in the waiting room. It is also helpful to request that the patient bring a written list of any specific questions he or she wishes to address during the visit.

Perspectives From Practice

Do you find it helpful when patients come prepared with questions to their visits? Why?



Dr. Patricia K. Coyle: We ask our new patients to complete a printed form that requires them to list their medications, allergies, and prior hospitalizations; it also covers other standard questions used to obtain a medical history. This form becomes

a permanent part of their record. We also ask them to bring copies of prior records and any imaging results on a CD. For follow-up patients, we have a 1-page sheet that they fill out before being seen; it covers whether they are the same, better, or worse compared to the last visit; any new developments since the last visit; questions they wish to cover on this visit; current medications, and if they need new prescriptions written. We also have a 1-page sleep assessment, and they record pain issues on a 0 to 10 scale. I find it very helpful for the patient to prepare their updated medication list, which can change from visit to visit, particularly if he/she sees several doctors. Listing questions/concerns also makes sure they are covered on the visit, and not forgotten, preventing the need to call when they are remembered later.



Dr. Paul S. Fishman: I find that a list of questions is helpful for follow-up visits.



Dr. Anthony Traboulee: I recommend patients bring their images on a CD and not just the reports. They should also keep a CD for themselves. MRI and other scans can be much more informative.



Dr. Andrew D. Siderow: Coming to the visit with questions is helpful. They are more satisfied; I know what is on their minds, what their priorities are, how they experience their disease, and where areas of confusion are in interpreting symptoms.



Dr. Edward J. Fox: Absolutely! If there is no list of questions made available to me at the onset of the appointment, I have no realistic hope of proportioning my time appropriately to ensure that critical issues are dealt with during the time frame available to me.



Dr. Corey C. Ford: While requesting that patients bring in questions is not a routine part of our practice, generally speaking, it is a good idea. Sometimes, however, the patient often makes too long of a list, and questions cannot be answered because of time constraints.

Perspectives From Practice

Do you agree that having a caregiver/support partner attend visits with the patients is beneficial and perhaps, when a patient's condition is in an advanced stage, even critical?



Dr. Ford: Definitely. Care partners often want to know or need to know about the condition, and we cannot always rely on the patient for accurate recall and perspective, especially with patients who have advanced disability, limited communication abilities, or cognitive dysfunction.



Dr. Fishman: It is helpful to have a caregiver attend the visit, although some opportunity for the patient to speak with the physician privately should also be allowed for.



Dr. Siderowf: Having a caregiver or support partner come to the appointment is usually helpful for all. There is an increased satisfaction with the visit and better reporting of problems the patient might

minimize. It also encourages a team approach at home to the treatment plan. The disadvantage, however, is that there may be things a patient does not want to talk about in front of his/her spouse.



Dr. Fox: Yes, I agree that it is beneficial, although the number of family members should be limited to 1 or 2 individuals, and bringing small children into the exam room should be gently discouraged. On a different note, I don't allow appointments to be recorded, mostly for legal reasons.



Dr. Coyle: I always invite the caregiver in with the patient and will even allow them to stay for the examination, if the patient wishes.

The staff should advise the patient on practical issues as well, such as the need to check with insurers for appropriate preapprovals or referrals for the visit (as required). Any office policies, such as the need for advance notice if an appointment needs to be canceled or rescheduled, should be explained. The patient should be encouraged to bring a family member or caregiver to the visit, as studies have confirmed that these individuals can often answer questions from the neurologist or provide perspectives on key concerns that the patient is unable to offer on his or her own.¹

During the Visit

A productive physician–patient partnership can be established from the beginning by discussing and clarifying expectations of treatment and setting reasonable goals. The degree of benefit to be gained from such discussions will hinge, to a large degree, on establishing good, clear lines of communication.² Effective, efficient provider–patient communication is a vital component of the management of chronic diseases.¹

The patient's adherence to current medication regimens should be assessed by inquiring about the regularity with which doses are taken, any trouble involved in taking the drugs (for example, an aversion to self-injection or difficulties with swallowing pills), and side effects that could undermine close observance of recommended regimens. Importantly, studies have shown that adherence to therapeutic regimens is frequently lower in chronic illnesses than in acute illnesses.³ In fact, the World Health Organization has reported that the average rate of adherence to treatment is only 50% among patients with chronic illnesses who reside in developed countries.⁴ Rates of adherence to multiple sclerosis (MS) treatments tend to be higher when the patient perceives that the physician strongly supports the use of the prescribed medication.⁵ Furthermore, studies have demonstrated that patient expectations concerning the effects of treatment and its influence on their disease course can predict medication-taking behavior.⁵ Individuals who adopt more optimistic outlooks about the effects of treatment are more likely to report higher adherence rates.⁵

Exploring the reasons why patients are not taking their medications as prescribed is a crucial first step toward improving adherence to treatment for any chronic illness.⁵ For instance, anxiety and depression have been shown to reduce adherence to disease-modifying therapies for MS.^{6,7} A recent study found that MS patients with such problems who received appropriate mental-health services had positive experiences spanning a variety of aspects of care.⁸ Many patients indicate that they merely forget to take all of their doses, but this reason in itself is insufficient to identify solutions.⁵ Further inquiry should be made into whether the underlying factor is simple forgetfulness or another cause, such as cognitive dysfunction.⁵ Steps can then be taken to address the problem by identifying routines (perhaps involving caregivers) that can help the patient remember to take the medication.⁵

The consequences of side effects can be far-reaching,

discouraging adherence and causing the patient to become disillusioned about treatment in general. Of note, however, is recent research demonstrating that most patients deny being affected by side effects, even when the neurologist makes specific inquiries.¹ These discrepancies were revealed through post-visit interviews with both neurologists and their patients.¹ The investigators suggested that a side-effect screener, which can be used during or before the office visit, might facilitate a more targeted and successful conversation.¹

Along with assessments of medication side effects, recent symptoms, and fluctuations, inquiries should be made concerning the impact of these difficulties on the patient's quality of life. Oftentimes, discussions of matters such as sexual function, social function and relationships, and the overall ability to perform activities of daily living will provide further insights into the patient's disease status and

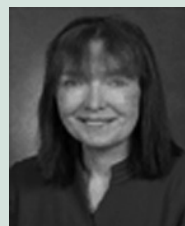
Perspectives From Practice

In your practice, what are some of the most common factors that lead to nonadherence to therapies in your patients? How do you counsel your patients to help them address these issues?



Dr. Fox: Many factors are involved, including financial and cognitive, which are very hard to combat. However, I find the biggest problem that is correctable is a lack of routine for administering the drug. The most compliant patients administer the shot at the same point each

time, eg, after a shower, before getting dressed, or right before bedtime.



Dr. Coyle: Nonadherence in my practice has resulted from unrealistic expectations, significant depression, and also ignoring the issue. I now ask my MS patients in a nonjudgmental way, "About how many shots of your medication

are you missing on average each month?" Then, we discuss why.



Dr. Ford: The main factors are side effects, dislike of injections, psychological issues of being constantly reminded they have MS, and sometimes the sense that the drugs aren't working because they don't feel better. Despite explaining that

stability is often the best outcome, it is human nature to desire improvement. Finally, some patients believe they don't need drugs if their disease has been stable for a long time. They can begin to think they don't need the drugs when it may be that they are really great responders. It is discouraging when they come in with a new disability and admit they have been off therapy for months without telling us. All we can do is reiterate the need and importance of remaining on therapy and be sensitive to managing side effects and other psychological issues associated with MS therapies.



Dr. Fishman: Lack of communication about the goals and limitations of therapy in simple lay terms can lead a patient to not remain adherent to therapy.



Dr. Siderowf: Among my patients, embarrassing side effects, expensive treatments, lack of efficacy, and social stigmas with psychiatric medications can lead to nonadherence.

Perspectives From Practice

What types of CAMs have your patients used? Do you have any concerns about any of them?



Dr. Siderowf: There are a lot of complementary or alternative medicines my patients mention they take, including ginkgo biloba, high-dose vitamins, saw palmetto...the list goes on.



Dr. Ford: In my practice the biggies are vitamins and OTC supplements. There is also interest in medical marijuana and low-dose naltrexone.



Dr. Coyle: I am leery of CAM therapies that have a lot of zinc (which can result in copper deficiency), so this is something I ask my patients about. I also make sure patients taking vitamins are not using more than 100 mg of vitamin B6 (pyridoxine) daily.



Dr. Fox: I don't consider certain supplements to be controversial, such as vitamin D, calcium, or omega-3 fatty acids. However, both the primary-care physician and the neurologist should be aware of all of the supplements, with a clear idea of which doctor will be "in charge" of monitoring them.

individual response to treatment.⁹

One increasingly important question is whether the patient uses any complementary and alternative medicines (CAMs). Observers have pointed out that CAMs are becoming increasingly popular and carry the potential for significant consequences in all areas of medical practice, including neurology.¹⁰ Estimates have shown that at least 40% of Americans use these products. However, many neurologists do not routinely collect adequate information about this practice.¹⁰ Patients may turn to CAMs for a vari-

ety of reasons, including cultural or ethnic beliefs or traditions, the idea that "natural products" are somehow better or safer than manufactured "drugs," and claims of rapid and exceptional benefit on the part of purveyors of such "remedies."¹⁰ Many neurologists collect patient information on preprinted medical history questionnaires that do not address the use of nonprescription treatments.¹⁰ Ironically, many patients use CAMs in the belief that they will derive some physiologic effect, but nonetheless do not consider these products "medications" and therefore do not include

Perspectives From Practice

What is your experience with having a nurse or other team member available to talk with patients and provide needed information?



Dr. Coyle: A nurse can be very helpful to close the loop, make sure no topic was forgotten, and spend a little more time on specific symptom management or psychosocial issues that I may not have had the time to do.



Dr. Ford: I would be in a difficult situation without my mid-level nurse specialist. She manages patients for follow-up visits, sends patients to me for problems she cannot resolve or at least on yearly basis. She also counsels on psychosocial issues, provides injection and side-effect management, and helps with referrals to physical therapists or other services such as ophthalmology, urology, or dermatology.

them when listing current therapies.¹⁰ Thus, it is imperative that the patient be asked directly about the use of CAMs.

A productive way to conclude the office visit, one that underscores the ongoing nature of the physician–patient partnership, is to give the patient printed informational materials to take home and review.

In addition, in light of the fact that many patients and caregivers do not take notes during office visits, the neurologist might consider encouraging them to do so or might even jot down pivotal points to be handed over to the patient when the visit concludes. It is not unusual for patients to be unable to recall exactly what the clinician said during the appointment soon after they leave the office. It is likewise common for patients to be unwilling to call the office for clarification after the fact because they do not want to “bother” the neurologist or staff. These situations can also be countered by providing resources such as a dedicated nurse or member of the healthcare staff who is routinely available to discuss concerns with patients or caregivers over the telephone.

Between Visits

Between visits, patients should be instructed to follow through with any additional laboratory work or neuroimag-

ing studies recommended by the neurologist. Another helpful suggestion is to instruct patients and/or their caregivers to keep a dated log of symptom fluctuations and to compile a list of questions they want answered during the next office visit.

The value of follow-up telephone counseling for improving health-enhancing behaviors was verified in a randomized, controlled trial involving 130 community-dwelling patients with MS.¹¹ Targeted behaviors were exercise, management of fatigue, management of stress and anxiety, improvement of communication and social support, and reduction of alcohol use or drug use outside recommended regimens.¹¹ These self-reported health-promoting activities (measured by the Health Promoting Lifestyle Profile II) increased significantly among the counseled patients after 5 telephone counseling sessions (approximately 30 minutes each) over a period of 12 weeks, but remained unchanged in controls.¹¹

Conclusions

Comprehensive record-gathering, open communication, the identification of clear and reasonable treatment goals, and the involvement of family members or caregivers in the management plan can lay the foundation for a productive

Perspectives From Practice

What are your experiences with conducting follow-up calls with patients? Do you have another staff member (eg, nurse) handle most calls? What are some of the challenges (eg, time, reimbursement) counseling patients outside of the standard office visit presents?



Dr. Siderowf: In our practice, doctors take all the phone calls. The patients like it, but it is not efficient for us.



Dr. Coyle: Currently in our practice, either the physician or nurse practitioner will respond to patient calls. We are not billing for this, and are looking at ways to decrease calls by pre-empting issues (eg, bringing patients back for a visit to go over extensive testing, filling out refills of medications at the formal visit, answering questions thoroughly at the visit).



Dr. Fox: About 75% of our follow-up calls with patients are conducted by a nurse practitioner. Calls can be difficult at times because we have to play phone-tag and because of time constraints. Also, poor documentation can lead to a greater incidence of errors. Now that patients know that I generally want to have longer conversations as part of a follow-up appointment, fewer calls are made.



Dr. Ford: The nurse specialist handles most of the patient phone calls. When needed, she refers them to me to discuss specific issues, like MRI changes of significance, medication changes, unremitting disease activity, and drug switches.

Perspectives From Practice

Are there specific print materials and/or Web sites whose information you hand out to patients?



Dr. Siderow: Booklets published by the National Parkinson Foundation (www.parkinson.org) are excellent.



Dr. Fox: I have a page of Web site addresses that I recommend that is available to patients in the exam rooms. The list is regularly updated.

physician–patient relationship that maximizes the value of each office visit. These practices can contribute to better patient adherence to prescribed therapeutic regimens and timely attention to problems such as side effects, increasing the likelihood of optimal outcomes.

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