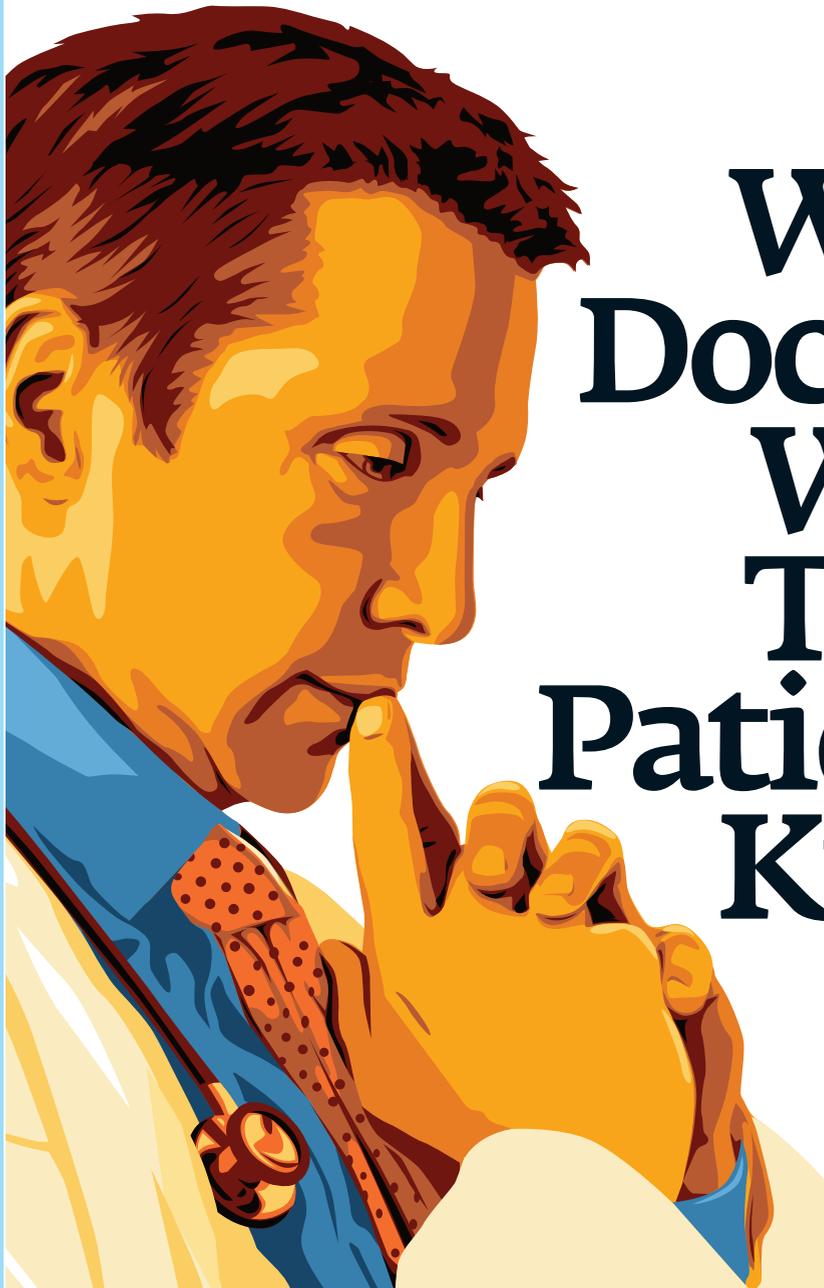


ConsumerReports[®]Health

SPECIAL REPORT



What Doctors Wish Their Patients Knew



What doctors wish their patients knew

Surprising results from our survey of 660 primary-care physicians

Inside

Finding Dr. Right
Page 3

Your medical home
Page 5

THE TYPICAL OFFICE visit with a primary-care doctor lasts about 20 minutes—and is sometimes even shorter. Getting the most out of those precious minutes requires navigating a complex relationship and addressing a number of often complicated and sometimes emotionally charged, medical issues. Despite those constraints, three-quarters of the 49,007 CONSUMER REPORTS subscribers we surveyed said they were highly satisfied with their doctors. But they still had complaints ranging from the irritating, such as having to sit too long in the waiting room, to the substantive, such as ineffective treatments.

We also surveyed 660 primary-care physicians who had a lot to say about their professional challenges—and about what

patients could do to get the most out of their relationship with their own doctors. Some highlights of the surveys:

- Doctors and patients alike put a high value on courtesy and professionalism.
- Patients aren't taking full advantage of strategies that doctors think are helpful, such as taking notes during their visits.
- Not knowing much up front about a doctor's personality or treatment style was a real obstacle for patients in search of a good match.

Together those survey results help create a road map toward a more productive relationship with someone who, after all, should be your most important health-care professional.

"A primary-care doctor should be your partner in overall health, not just someone

you go to for minor problems or a referral to specialty care,” said Kevin Grumbach, M.D., professor and chair of the department of family and community medicine at the University of California at San Francisco.

The Consumer Reports National Research Center conducted the subscriber survey in 2009 (our readers may not be representative of the U.S. population as a whole). The online poll of a national sample of primary-care physicians was conducted in September 2010.

Physicians take the long view

Doctors said that forming a long-term relationship with a primary-care physician is the most important thing a patient can do to obtain better medical care, with 76 percent saying it would help “very much.”

“That continuity is really undervalued,” said Jessie Gruman, Ph.D., president of the Center for Advancing Health, a patient-advocacy group in Washington, D.C.

Gruman said that because of a health history that included three separate bouts of cancer, her longtime primary-care doctor urged her to tell him promptly about any new symptom, no matter how minor, that lasted more than two days.

“I hate the idea that my health is fragile,” she said. “He was able to capture my imagination and get me to act in a way that was consistent with my interests.” When new symptoms appeared, Gruman told her doctor. Four days later, she was diagnosed with stomach cancer.



61%

Patients who said they researched health information on the Internet to help with their medical care.

8%

Doctors who said that Internet research by patients was very helpful.

Research seems to back up Gruman’s experience. It suggests that patients who frequently switch doctors have more health problems and spend more on care than patients who have a consistent relationship with a single physician.

Respect is a two-way street

Being respectful and courteous toward your physician was the No. 2 thing doctors said patients could do to get better care; 61 percent said it would help “very much.” But 70 percent said that since they had started practicing medicine, respect and appreciation from patients had gotten “a little” or “much” worse.

Respect is a two-way street. Patients who gave their doctors high marks for “professionalism” were more likely to be highly satisfied. We measured professionalism by looking at whether patients thought they had been treated respectfully and whether their doctor seemed technically competent, took their medical history into account, listened with patience and understanding, and spent enough time with them. The more of those standards their doctors met, the higher the patients’ overall satisfaction.

But being courteous doesn’t mean you have to be passive (though you can if you wish; 37 percent of patients we surveyed preferred to trust their doctor’s judgment on treatment decisions). Most doctors said that it was “somewhat” or “very” helpful for patients to ask them questions and occasionally question their recommendations; a mere 4 percent thought those strategies were downright unhelpful.

Please take your medicine

Noncompliance with advice or treatment recommendations was the top complaint doctors had about their patients. Most of the doctors we surveyed said it affected their ability to provide optimal care: 37 percent said it did so “a lot.”

But compliance these days can be a lot more complicated than just remembering to take a pill, patient advocate Gruman said. Hospitals are sending patients home with long lists of self-care chores. Drug

Finding Dr. Right

It’s sad but true that it’s easier to find reliable information about cars and washing machines than it is about doctors. While that is starting to change—Consumer Reports now works with the Society of Thoracic Surgeons, for example, to rate heart-surgery groups (go to ConsumerReports.org and search for “heart surgery ratings”)—it’s still hard to get detailed, quality data on individual doctors, especially primary-care doctors. Yet 31 percent of the patients we polled wished that they had more information when choosing a doctor.

Sure, some websites have basic information such as a doctor’s medical school and board certification, and whether the practice accepts new patients. But none of that information has much to do with a doctor’s quality.

The health-reform law called for a public website, Physician Compare (www.medicare.gov/

find-a-doctor), that will include information on physician quality, including patient outcomes, continuity, and coordination of care, efficiency, and safety. But the full site won’t make its appearance until around 2015 at the earliest.

Until then, use these tried-and-true strategies to find a doctor:

Ask people. Doctors we surveyed ranked getting a recommendation from family or friends as the most valuable method for choosing a physician. Next came referrals from other doctors.

Ask questions. The more that patients we surveyed knew about their doctors, the more satisfied they were. That held true for factual information, such as hospital affiliation and office hours, and especially for information such as the doctor’s personality and professional style.

Audition the doctor. Use your first appointment as an audition. If you have a

specific health condition, ask how much experience that doctor has with it. And be open about other concerns you have. “It’s a little bit like dating,” said Jessie Gruman, Ph.D., a patient advocate. “You really want this person to be responsive to a range of things, not just one aspect of your health.”

Break up if it isn’t working. “Your doctor is a service provider,” Gruman said. “You wouldn’t have a plumber back who was disrespectful to you or left a mess.”

Reasons to dump your doctor might include a bad bedside manner, inability to communicate openly with you, an appointment calendar that’s always full or disorganized, an unhelpful staff, or a perpetually backed-up waiting room.

Talk to your doctor about your concerns, and if nothing changes, consider finding another physician. Don’t forget to have your medical records transferred.

and lifestyle regimens allow those with chronic conditions to live longer, healthier lives but can be difficult to manage or, in some cases, for patients to afford.

Compliance doesn't necessarily mean following your doctor's instructions slavishly, said Ronald Epstein, M.D., director of the Center for Communication and Disparities Research at the University of Rochester Medical Center in New York. Some patients don't follow treatment programs because they're disorganized, he said, but others might fail to comply because they've experienced serious side effects, don't fully understand what they're supposed to do, or found the treatment wasn't working. "Doctors need to make it safe for patients to bring those things up," he said.

Feel free to discuss, even debate, your doctor's treatment plan while you're still in the office. Then do your best to comply. If you're having side effects, are unsure whether you're following instructions properly, or experience new or recurrent symptoms, tell your doctor immediately.

Pain is tough to treat

Doctors were harder on themselves than patients were when it came to judging their ability to minimize the pain, discomfort, or disability caused by a condition. Only 37 percent of physicians thought they were "very" effective, though 60 percent more thought they were "somewhat" effective. But 79 percent of patients said their doctor helped to minimize their pain or discomfort.

Perhaps that's because patients were thinking only of their own conditions, whereas doctors were thinking of their overall effectiveness with all of their patients, including those with chronic conditions that are difficult to diagnose and treat, such as fibromyalgia, immune disorders, headaches, neck and back pain, and depression and anxiety. Our survey found that patients with those conditions were significantly more likely to complain about ineffective treatments. Just 53 percent said their doctor helped to minimize their pain or discomfort, and only 31 percent were highly satisfied with their doctor overall.

"For patients with chronic conditions, medical science can't necessarily take away all of their suffering," Epstein said. "If you have a chronic condition, the important thing is to find a doctor who listens and involves you in decision making," and maybe even helps you sort through

alternative treatments.

Our survey confirms that advice. Patients who gave their doctors high marks for prescribing effective treatments also rated their doctors more favorably for improving their understanding of the condition; their ability to recognize symptoms requiring immediate attention; and minimizing pain, discomfort, and disability caused by a condition. Patients were much more satisfied if they trusted and had good personal rapport with their doctor.

It helps to keep track yourself

Slowly but surely, primary-care doctors are switching over to electronic medical records. Thirty-seven percent told us they keep their records electronically only,



79%

Patients who said doctors were able to minimize their discomfort and pain caused by a condition.

37%

Doctors who said they were very effective at alleviating pain and discomfort.

compared with just 24 percent who did so in 2007, during our last survey.

But they want you to know that it still pays to keep track of your medical history yourself. Eighty-nine percent said that keeping an informal log of treatments, drugs, changes in condition, notes from previous doctor visits, and tests and procedures could be helpful. But only 33 percent of patients routinely did so. Likewise, 80 percent of doctors thought taking a friend or relative to your office visit could be beneficial, but only 28 percent of patients reported doing so.

"When we're sick our judgment is not

as good as it usually is," Gruman said. "We don't remember as well as we usually do." Taking notes, making sure you understand the doctor's instructions, and taking somebody with you to pay attention can compensate, she said.

Research online, but carefully

The patients we surveyed were enthusiastic online researchers; 61 percent reported that they had read about their condition on the Internet. Doctors are not convinced that online research is helpful, to put it mildly. Almost half of physicians we surveyed said online research helps very little or not at all, and just 8 percent thought it was very helpful.

Epstein said those findings don't mean you should close your browser, just that you should be a smart online researcher. "People have motivations for posting things on the Web, and some of those motivations may not be helpful," he said. For instance, be wary of links that advertisers paid for or product sites designed to guide you to a specific treatment.

Instead of starting by entering the name of your condition in a search-engine box, try going directly to a few reliable sites. Our health site, ConsumerReportsHealth.org, reviews impartial evidence and takes no advertising (but some of its content is available only to paying subscribers). Government sites are also a good place to start. Try these:

- Centers for Disease Control and Prevention (www.cdc.gov) for information on infectious disease, travel health, and preventive care.
- Food and Drug Administration (www.fda.gov) for drug information.
- MedlinePlus (www.medlineplus.gov) for information about conditions and diseases.
- National Cancer Institute (www.cancer.gov) for cancer information.

We also recommend high-quality academic treatment-center sites, such as those of the Mayo Clinic (www.mayoclinic.com) and the Cleveland Clinic (www.clevelandclinic.org).

If you find information online that you want to discuss with your doctor, print out only the relevant parts.

Doctors are pressed for time

Physicians said the sheer volume of insurance paperwork was No. 1 on the list of things that interfere with their ability to provide optimal care. Next was financial pressures that may force the majority of primary-care providers in our survey to

work more than 50 hours a week seeing more than 100 patients.

But that doesn't mean you should settle for hasty care. Patients who perceived that their doctors cut corners were likely to be less satisfied. They were more likely to report that their doctor was too quick to dismiss complaints or symptoms and were more uncertain about what to do after an office visit.

To get the most out of your time, plan ahead. Jot down a list of questions or concerns you'd like to address during your appointment, and prioritize them so you get to the most important ones first. If you don't have time to discuss everything, ask whether you can follow up by e-mail (that is, if you can; only 9 percent of patients said they e-mailed their doctor directly in the previous year).

The doctors we surveyed are clearly chafing against health-plan rules and restrictions. Most said such red tape interfered with the care they provided, and 42 percent said it did so "a lot."

You can't do much as an individual about burdensome health-plan rules, but you can avoid unwelcome surprises by reading through and understanding your health coverage. (Ask your human-resources department for help if you need it.) For instance, inquire about your plan's formulary, a preferred list of drugs for which it charges a lower co-pay. Understand what services your deductible applies to, and find out what rules, if any, apply if you need to see a specialist.



▶ SURVEY SAYS

28%

Patients who said they brought a relative or friend to their office visit.

80%

Doctors who said bringing someone else to the office visit was very or somewhat useful.

They talk to drug salespeople

The medical profession has not always been the most transparent. The American Medical Association, for example, has fought to keep the Medicare payment records of individual doctors confidential. Here are a couple of things that primary-care doctors might not want to tell you:

- They talk to drug companies more than you might realize. The majority of doctors we surveyed said that pharmaceutical company representatives contacted them more than 10 times a month. Thirty-six percent were contacted more than 20 times a month. On average doctors said they spend a few hours a week dealing with

pharmaceutical salespeople.

Our patient survey suggests that's a possible point of friction. Patients were less satisfied when they thought their doctors relied too much on prescription drugs and were unwilling to consider non-traditional or nondrug treatments. More than one-quarter of patients indicated some level of discomfort with their doctors' inclination to prescribe drugs. If you are concerned about your doctor's relationship with pharmaceutical companies, don't hesitate to bring up the subject at your next visit.

- Doctors are dubious about patients' need to know about malpractice claims or professional disciplinary actions. Forty-seven percent said information about whether the physician has been involved in a malpractice lawsuit was "of little value." Only 17 percent said that information about disciplinary actions by medical licensing boards was "very valuable."

It's true that a malpractice suit can befall any doctor and that disciplinary actions from medical boards don't necessarily represent the doctor's overall skill. Still, disciplinary actions levied by medical boards can be for serious offenses, such as substance abuse or criminal behavior, that could affect your care. You might be able to look up your doctor's record online, though the information that's available differs by state. Find your state's medical board at the Federation of State Medical Boards website, at www.fsmb.org, or try your state health department.

Home sweet medical home

If you haven't already heard the term "patient-centered medical home," chances are you will soon.

"Our health system has become so fragmented that patients don't know where to go for help and how to get it," said Ronald Epstein, M.D., professor and director of the Center for Communication and Disparities Research at the University of Rochester Medical Center in New York. The medical home, he said, is designed to "give patients someone who knows them as a person," guide them through the system, and make sure their "needs are placed front and center."

In a medical home, the doctor becomes an advocate for the patient, "not a gatekeeper that restricts access to services," said Kevin Grumbach, M.D., chair of the department of family and community medicine at the University of California at San Francisco.

By keeping patients with chronic conditions healthier and out of hospitals and emergency rooms, and reducing wasteful and duplicative services (such as multiple tests when only one is needed), Grumbach said, medical home practices "are also showing lower costs."

The health-reform law includes incentives to create medical homes. Several states are already paying doctors extra to oversee the health needs of Medicaid recipients, and in some cases private insurers are participating in the experiments. Medicare is set to launch its own pilot program in coming years.

"Official" medical homes are still few and far between, but any practice can be more patient-centered. Here are some



consumer-friendly features to look for:

- Can you get an urgent appointment within 24 hours?
- Can you reach somebody in the practice by phone at night or on weekends?
- Can you get your test results quickly via e-mail

or telephone, or online?

- If you have a chronic condition, is there a system for tracking how you're doing?
- Does the practice include non-M.D. staff members such as nutritionists or nurse-practitioners to help you manage your medications or chronic condition?
- Does your primary-care doctor keep track of your treatment by specialists?