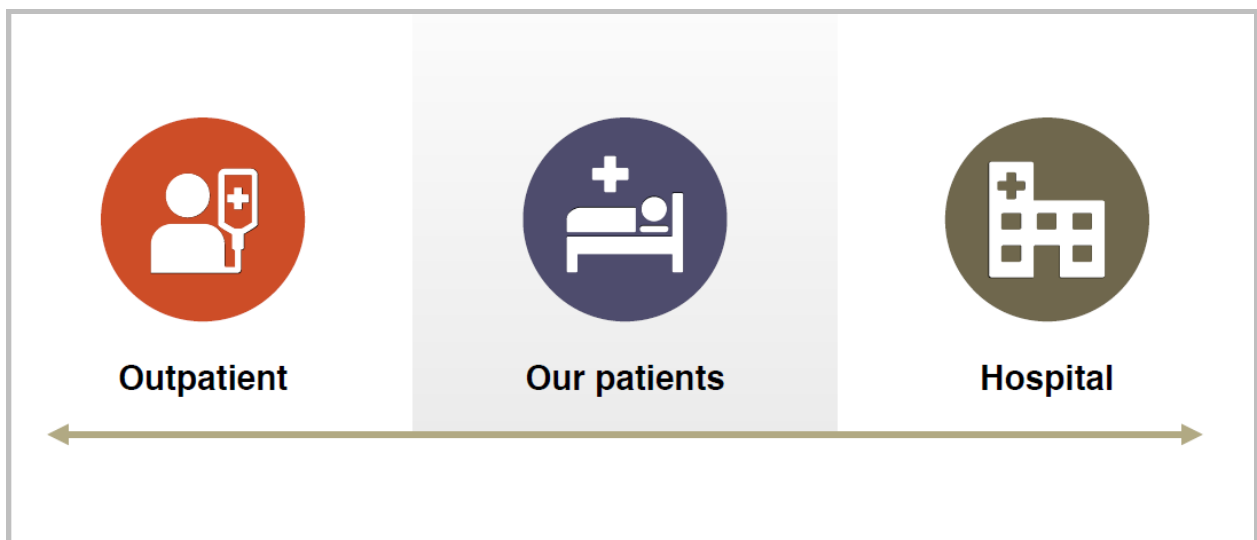


# Patient Communication

Hey, everybody. In this presentation, we're going to discuss patient communication. Communication with patients and among clinicians and staff is one of the most important factors that determine your success. The majority of patients you'll see will have horror stories about how they were treated in conventional settings: very short appointments; brash clinicians who don't listen to their concerns; rude, overworked staff; waiting for weeks for answers, even to simple questions, and more. Poor communication is definitely one of the primary sources of dissatisfaction with conventional medicine.

As functional medicine practitioners, we want to do better. We want to provide people with a level of service and attention they don't get in conventional medicine settings. We want to encourage patients to play an active role in their healing process, listen carefully, and take their concerns and thoughts about their condition seriously, but at the same time, we have to have clear boundaries so we don't get overwhelmed and burned out. This is the razor's edge of patient communication. How do you provide a high-touch experience for patients without driving yourself into the ground?


I freely admit this has been one of the biggest challenges in my career. We've constantly tweaked to try to improve and get closer to an ideal over the years. Early on, I was doing too much. My boundaries were not clear enough, and I was burning out. Then I swung over to the other extreme where I didn't feel like I was providing the level of service that I wanted to offer. Now, at California Center for Functional Medicine, I feel like we're much closer to where I want to be. It hasn't been easy, and it's always something we're thinking about. There is definitely a yin-yang balancing act involved.



Part of the challenge is that a lot of our patients are quite ill. They are not so sick that they should be hospitalized, but they are too sick just to have a 30-minute appointment every six to 12 weeks. Most functional medicine practices, unfortunately, including ours, aren't set up to give frequent

care on a weekly or even bi-weekly basis, so the question is, how can we provide patients with the support they need in this context without burning ourselves out?

Let's talk first about communication policy. These are the guidelines that define how you will interact with patients as you work with them. It's important to have a clear policy that patients read and acknowledge when they join your practice, and this can be part of your initial intake forms. It can also be posted in MD HQ on their login page so that they see it each time they log in, and that's, in fact, what we do.



Please read this **new policy**, which pertains to all **patient inquiries and requests** sent through the secure portal.

Due to the increasing number of electronic communications, and in order for you to receive a response in a timely manner, **please limit your messages to:**

- questions about a medication, supplement, or diagnostic test recommended by a clinician;
- requests to refill a medication or supplement prescription;
- possible side effects of a treatment;
- responses to a question from a clinician; or,
- notes concerning scheduling, canceling, or changing an appointment.

Your question should be **brief, concise, and ideally be answerable with a 'yes' or 'no.'**

If your questions or concerns are beyond the scope described above, and/or require more time and attention, you will be asked to schedule a follow-up appointment with your clinician.

Please note, if you are a patient of Dr. Schweig, he may choose to answer your question as an e-consult, and you will be billed (using the card on file) at his pro-rated hourly rate, with a \$30 minimum charge.

(Chris Kresser and Dr. Nett are no longer offering e-consults.)

I pasted our current policy on this slide, and patients see this when they log in to ask a question. I'll read it here briefly. Keep in mind that you are getting all of this as handouts as part of the program. "Please read this new policy, which pertains to all patient inquiries and requests sent through the secure portal." I'm reading the policy now. "Due to the increasing number of electronic communications, and in order for you to receive a response in a timely manner, please limit your messages to: first, questions about a medication, supplement, or diagnostic test recommended by a clinician; request to refill a medication or supplement prescription; possible side effects of a treatment; responses to a question from a clinician; or notes concerning scheduling, canceling, or changing an appointment. Your question should be brief, concise, and ideally be answerable with a yes or a no. If your questions or concerns are beyond the scope described above and/or require more time and attention, you'll be asked to schedule a follow-up appointment with your clinician. Please note if you are a patient of Dr. Schweig, he may choose to answer your question as an e-consult, and you will be billed using the card on file at his prorated hourly rate with a \$30 minimum charge. Chris Kresser and Dr. Nett are no longer offering e-consults."

Here is a little more about the thinking behind the policy. Inevitably, questions come up after and between appointments. Patients need clarification on supplement dosage or timing. They need refills on meds or supplements, or they have questions about reactions that they are having to a treatment. I think it's unreasonable to ask patients to schedule an appointment to answer these kinds of questions. They are part of a normal course of a treatment plan, and most of them can be answered quickly. At the same time, questions about issues or problems that weren't discussed at an appointment and are not part of their current treatment plan or really involve questions that require you to look into their chart, review labs, or spend more than a few minutes answering should not be answered without charging for your time in some fashion, either via an e-consult or a follow-up appointment. Although we don't charge for supplement refills, we do charge a fee for medication refills, \$30 if they are done electronically or \$40 for paper refills because those are time consuming for clinicians and staff.

**“Questions should be brief,  
concise, and ideally answerable  
with ‘yes’ or ‘no’”**

We advise patients that their questions should be brief, concise, and ideally be answerable with a yes or a no. While many questions, of course, will not be answerable with a yes or a no, and we do offer considerable leeway here, this guidance invites them to focus their question and make it as simple as possible. The majority of patients do abide by the policy. Before we implemented this policy, I can tell you that we would often get questions that were two or three pages long, impossible to answer in a virtual format, so the wording of this policy has been iterated over time, and the current wording works very well. When patients do submit questions that fall outside of the policy, our staff gently reminds them and suggests that they schedule an appointment to discuss with their clinician.

**E-Consult (AN)** 06/22/2016

**Patient Information:** Jane W. Doe, #9 - 34yrs (11/23/1981)

**Health Maintenance:** Patient Information, Health Maintenance, Admin Notes, Social/Family Notes, Facilities/Specialists, Problem List, Relationships

**Chief Complaint:** some twisting when he started the A.L. only at the beginning. blained the crops three weeks ago. Was able to ramp up quickly. Went up by five crops every other day. Did okay with this. No significant flares.

**History of Present Illness:** No more twitching at this time. No more pain in his back, shoulders. Gone since slightly before last visit. Working very hard, lifting heavy timbers, pulling stumps. No wrist pain or shock sensations in his wrist. Gets sore with hard work but not like it was previously. Still mountain biking, rigorously, does not get to sore. Brain/cognitive is still the same, no significant improvement. Of note, this has been chronic. Has been doing well since about December. Again, no significant back pain or shoulder pain. Some frequent urination but only up about one time a night.

**Physical Exam:** LabCorp 1-19-16: 14-4-525 Mwt, 17-2-1 (17 Moid, ADH <0.8, Calabrol 76.5, 25 D 52.1, MSH 13 L.

**Assessment:** Neuropathic type arm and hand pain, better on antibiotics. Suspected Lyme disease, positive bands on Western blot. Fatigue. Muscle fasciculations. Dizziness on standing. Cognitive impairment, long-standing. Episodic right shoulder and low back pain. decreased grip strength.

**Plan:** Start Houttuynia with with one drop twice a day and work up slowly to a maximum of 20 drops twice a day. Nasal swab test for MRCONS will be mailed to you to complete with doctor or nurse close to you. Once we have the above tests, I will start you on some treatments to bind up and eliminate the mold toxins. The first, and arguably most important step in treating CIRRS is removing any continued sources of exposure. Consider having an Indoor Environmental Professional come and evaluate your home for mold. Chp Prokop: <http://www.ewsciences.com> John Banta: [http://www.restconemiremental.com/john\\_banta.html](http://www.restconemiremental.com/john_banta.html) F/U in 8 weeks. Please also read handout regarding rebuilding healthy gut. Please discontinue the GI Synergy. - Blood markers to evaluate for CIRRS. These markers include C4a and VEGF which

**Suggested Actions:** Contact with and (suspected) exposure to mold (toxic) (Z77.120)

**Assessment:** Find DX to Assign: Prim. Allergy to other foods (Z91.018 + ICD10) Constipation, unspecified (K59.00 + ICD10) Intestinal parasitism, unspecified (B62.9 + ICD10)

**Plan:** Plan My Orders/Vaccines: ORD HLA DR 1/3/4/5, DQ Intermediate Resolution [LabCorp], ORD TGF-B1 [LabCorp], ORD MMP-9 [LabCorp], ORD ACA (IgA, IgG, IgM), Quant [LabCorp], ORD ADH and Osmolality [LabCorp], ORD MSH [LabCorp], ORD Vascular Endothelial Growth Factor [Quest]

**Charges / Payments:** No charges currently posted

**Medications:** Nature-Throid - 81-36MG Q, Nature-Throid - 136MG Q, Alimta - 500MG BID, Exel-er - 0.15MG Q3ML PRN

**Supplements:** DISCONTINUED/REPL 9616 with Nature-Throid, 06/06/16 - 12/23/16, EXPIRED 02/17/16 - 06/19/16, DISCONT. 06/14 by S.B.

**Need to Know:** SOAP / Encounter Notes, Allergy, Intolerance, Discon, Open Orders, BP: 120/80, WT: 140, HT: 69.0, Past Med Hx, Billing 0, Documents: Unreviewed (1)

Another option is to offer e-consults and answer the question within the portal but for a small fee. As I mentioned, at the time of this recording, that fee is a \$30 minimum billed at the clinician's prorated hourly rate. I no longer offer this and, in fact, didn't offer it for long at all to begin with because I found it to be too time consuming given my other commitments and obligations. Also, I found that many issues beyond the scope of our basic policy are best handled in a telephone call, a Chiron video conference, or an in-person follow-up appointment where a back-and-forth dialogue is possible. However, Dr. Schweig, my co-director at CCFM, still offers these, and they do seem to work well for him and his patients. This way, Dr. Schweig gets compensated for his time, and patients have a way of getting additional support above and beyond our basic communication policy between appointments.

## Keep electronic communication **in the portal!**



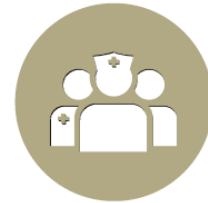
**HIPAA**  
compliant



Patient is reminded  
of **communication**  
**policy**



**Central record** of  
all communications



**Staff** can field  
requests

Note that all electronic communications, whether they are questions that fall within the basic policy, e-consults, supplement or prescription refills, or appointment cancellations or reschedules, happen within our EHR MD HQ. There are several reasons for this. Number one, it's HIPAA compliant, whereas email is not. Number two, the patient is reminded of the communication policy each time they log in. Number three, we have a record of all communications in a central place for tracking and future reference. Number four, the staff can field requests instead of clinicians receiving them directly from patients, and this creates a buffer layer and allows admin staff to deal with admin issues and helps protect clinicians' time. It also means patients can't abuse the communication policy by emailing clinicians at their private email address constantly. I strongly suggest that you do this as well, if you are using an EHR system.

What about phone calls between appointments? We don't offer this with clinicians. I think it's a very slippery slope, and once you have hundreds of patients, as we do, it's not practical to do if you're not compensated, and it's often not even practical if you are. For example, I have no time to offer more phone calls, even if they were compensated, than I'm currently offering for follow-up appointments. However, once you get to a certain stage of growth, I'd recommend hiring a nurse practitioner, a physician assistant, or maybe two or three, and making them available for phone or video appointments and to return voice messages. Once they are trained, they will be able to answer the majority of questions that come up between appointments, and they can consult with clinicians for those they can't answer.

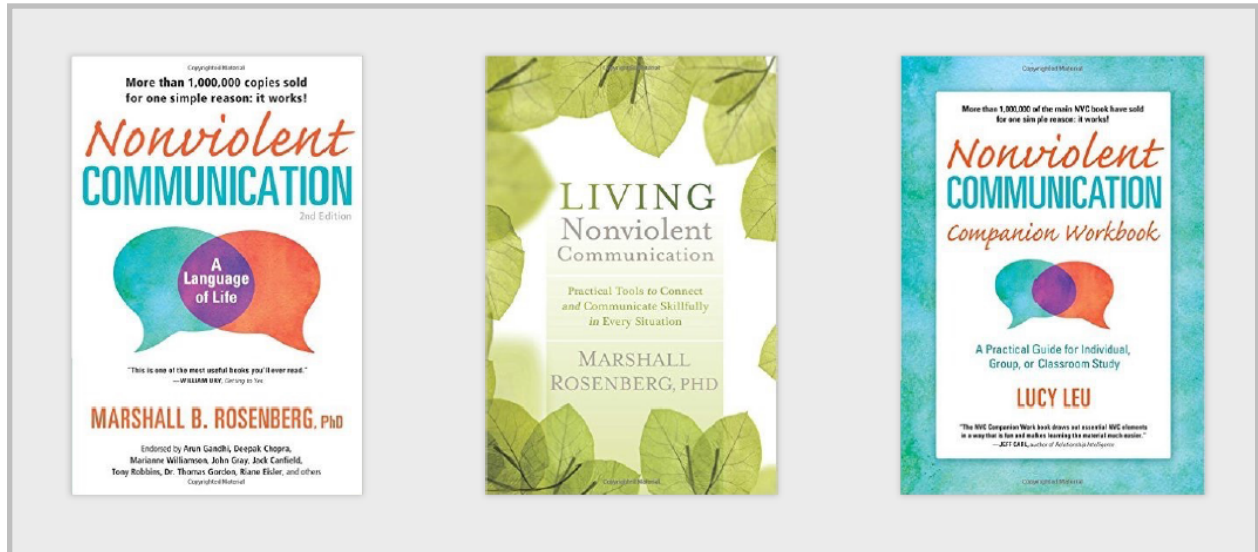
Two options for making this practical financially: One is that you charge for the in-between appointment calls as you would for any other appointment, or two, you do a membership model where each patient pays a small monthly fee to be in the practice in addition to fees for appointments to cover this kind of service. In either case, you pay the NP or the PA a salary. It may also be helpful to have an RD, a registered dietitian, a nutritionist, or a health coach on staff who

could be available between appointments to answer questions related to nutrition, diet, or lifestyle protocols. This is now what we're doing at CCFM. We've already hired a nurse practitioner, and we're in the process of hiring an RD or a health coach, and we're finally beginning to realize our vision of providing a high level of service to that patient who is too sick for standard outpatient care but not sick enough for the hospital.

In addition to these nuts and bolts with patient communication, I want to talk a little bit about communication skills. The ability to communicate effectively is one of the most important life skills we can develop. It absolutely blows my mind that communication skills classes are not included in public or private school education, and I think this is bordering on criminal. As a clinician working with patients suffering from chronic illness, many of whom feel desperate and scared and are in severe pain, expert communication skills are essential to your success. The same goes for your staff, and perhaps even more so, because they tend to receive the brunt of patient dissatisfaction. For this reason, I highly recommend that you and your staff do some training in communication skills, if you haven't already.

There are many great books and training programs out there for improving communication skills. I'm going to share a few that have been helpful for me, and I'll include these in the resources section. The first is nonviolent communication, or NVC, and this is something I've studied for years, and, in fact, prior to switching careers to medicine, I was teaching NVC workshops in the Bay Area and working privately with clients. NVC was created by Marshall Rosenberg. As the name suggests, it is based on principles of nonviolent communication. NVC begins by assuming that we are all compassionate by nature and that violent strategies, whether verbal or physical, are learned behaviors that are taught and supported by the prevailing culture. It also assumes that we all share the same basic human needs and that each of our actions is a strategy to meet one or more of these needs. It focuses our attention on our needs and our feelings rather than the thoughts and actions that we take to meet those needs. Most conflicts are not about differences in needs but in the strategies we employ to meet those needs. When we can empathize with the other person and get in touch with their needs, we are more likely to find a solution that works for both parties.





Dr. Rosenberg passed away in 2015, but the **Center for Nonviolent Communication** he founded is still going strong and is active in 65 countries. There are trainers and workshops in most major cities around the U.S. and retreats you can attend. There are also books, videos, websites, workbooks, and other resources.

**Without awareness and mindfulness, techniques can backfire.**

As helpful as NVC was, I had two issues with how it was often put into practice. The first is that when you apply the technique of NVC without being present and in touch with needs and feelings, both yours and the other person's, it can backfire. It seems inauthentic, and it leads to feelings of distrust and a fear that the person is being manipulated. Second, and this is related to the first, without a practice that cultivates awareness and mindfulness, it's really impossible to stay present and in touch with needs and feelings, especially in difficult situations. I saw many people who were studying NVC and attempting to employ it without any kind of awareness of mindfulness practice, and it often lead to worse results than what they were doing before.

I believe the combination of the underlying principles of NVC, dropping below thoughts, strategies, and judgments to connect with needs and feelings, rather than the technique, with awareness practice and mindfulness is a powerful approach to communication. The good news is there are now several teachers who are integrating these disciplines. One is **Oren Sofer**, a Buddhist teacher who incorporates NVC and somatics into a practice of living and speaking mindfully. He is located in the Bay Area. I've included a link to a video of Oren talking with ABC News anchor Dan Harris about the importance of mindfulness in communication. We'll put that in the resources section. At the time of this recording, Oren and his partner are also working on a communication course specifically for healthcare practitioners, and we're going to link to that when it's ready because I won't be able to recommend that highly enough given the combination of skills that he is teaching.

Another resource is a group called **ZenVC**, a combination of Zen Buddhist practice and NVC, and this is an old friend of mine, Jesse Wiens, and Catherine Cadden. It also integrates NVC and mindfulness practice, and they're located in North Carolina.

You can contact local NVC teachers in your area and ask them if they have a mindfulness practice and incorporate that into their work, and even if they don't, if you have a practice of your own, you can bring that focus into NVC yourself.

Finally, the Buddhist meditation teacher Thích Nhất Hạnh also has a **book about mindful communication** that is worth reading, and we'll put a link to all of this in the resources section.

Reading books on these subjects will provide a good foundation, but I highly recommend doing some in-person or at least Skype video training, either in groups or one on one through organizations such as the Center for NVC. It's one thing to get these principles intellectually while calmly reading a book, but it's entirely another to embody them in the heat of a confrontation with a patient and staff member or vendor. If you do group either in-person or Skype video training, what will often happen is that you will role play some of these situations, and you'll find that it is very different than what happens when you're reading a book.

I also recommend that you support your staff in getting this kind of training. We've started to do this at CCFM, and it has been helpful, and we're planning to do more. It's probably one of the most effective investments you can make in your own continuing education and personal and professional development.

Okay, that's it for now. See you next time.