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BURDA ON HEALTHCARE

Do You Speak Healthcare?

By David Burda

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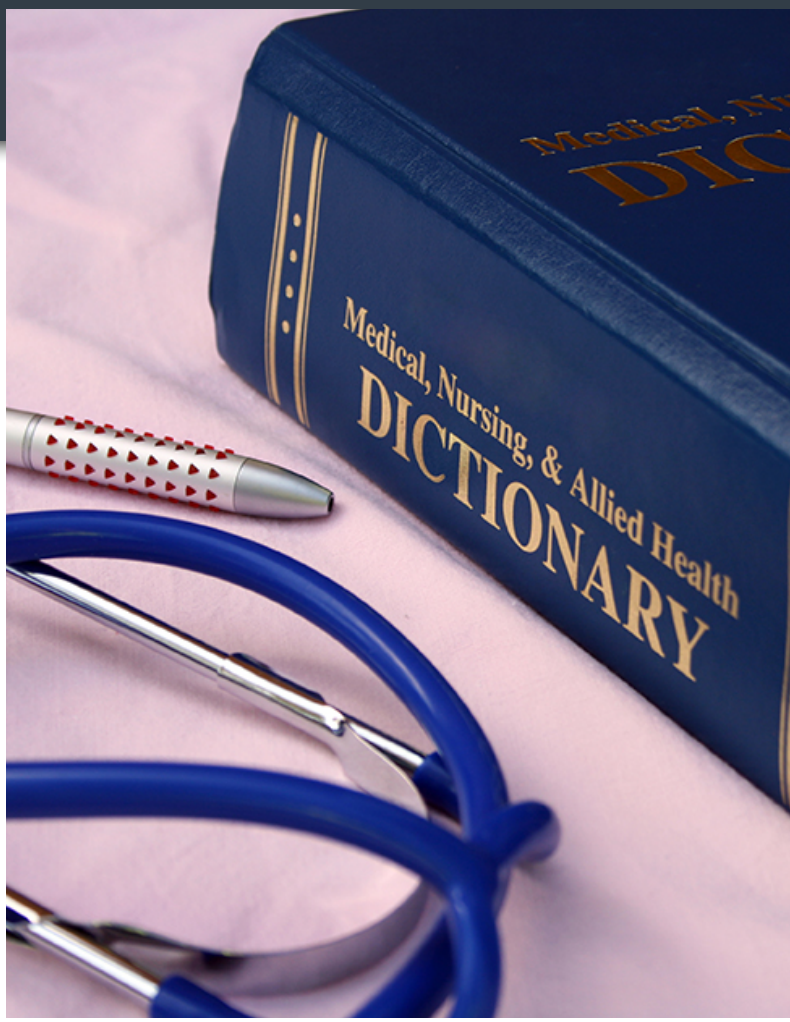


Every profession, industry and field of interest has its own language — a dictionary filled with words and phrases that only the people working in that profession, industry or field know the meaning of instantly.

That first paragraph of this column? That's a "lede," not a lead. More precisely, it's a delayed lede, which means you don't really know what this piece is about yet, but ideally it's enough to want you to keep on reading. You have to wait for the "nut graph" to find out. That's the paragraph right after this one.

That was journalism-speak. Healthcare is no different in terms of its proprietary terminology. In fact, you could argue healthcare professionals use more obtuse jargon than people working in any other industry. DRGs? MIPS? I rest my case. If we all want the customer revolution in healthcare to succeed, healthcare professionals and consumers must start speaking the same language and eliminate the gap in words and phrases that keeps patients at a disadvantage.

It's not me just saying this. Two recent studies in highly respected peer-reviewed medical journals make basically the same point.

LOADED LANGUAGE PUTS PATIENTS ON THE DEFENSIVE

The first study appeared in The BMJ, or the British Medical Journal, in April. You can download a copy of the study here.

Two researchers from the Healthcare Improvement Studies Institute at the University of Cambridge in the U.K., interviewed patients treated by physicians in the U.K.'s National Health Service and asked them about the language that the physicians used when they treated them.

"Language does more than transfer information between patients and healthcare providers — it has the potential to shape therapeutic relationships," the researchers said. "Indeed, specific word choices and phrases affect how patients view their health and illness, reflect healthcare workers' perceptions of their patients, and influence medical care and treatments offered."

To that end, the researchers separated the language that physicians used, as relayed by the surveyed patients, into three buckets:

- Language that belittles patients, i.e., words and phrases that implicitly cast doubt on a patient's experiences or infer a degree of "petulance."
- Language that defines patients as passive or childlike, i.e., words and phrases that make the patient the object of the physician's action and confer passivity to the patient while emphasizing the doctor's position of power.
- Language that blames patients, i.e., words and phrases that implicitly place the blame for poor health and outcomes on the patient.

"Language that belittles, infantilizes, or blames patients runs counter to the collaborative relationships we are trying to foster through initiatives such as shared decision making," the researchers said.

The researchers then gave examples of commonly used language by physicians that falls into one or more of those three buckets and suggested a better way to say what they want to say. For example:

- Say "the patient reports no chest pain" instead of "the patient denies chest pain."
- Say "reason for attendance" instead of "presenting complaint."
- Say "X was not effective for the patient" instead of "the patient failed on X."

"Language can act as a catalyst for changing the way doctors think or approach patient care, reflecting on and updating the words we use might be considered part of a broader movement to support and promote a collaborative doctor-patient relationship," the researchers concluded.

In short, replacing loaded and subjective words and phrases with neutral and objective words and phrases that almost anyone can understand levels the playing field between providers and patients.

THE 62 YO PT HAS A BP HX THAT COULD LEAD TO HF

The second study, meanwhile, appeared in JAMA Network Open in May. You can download a copy of the study here.

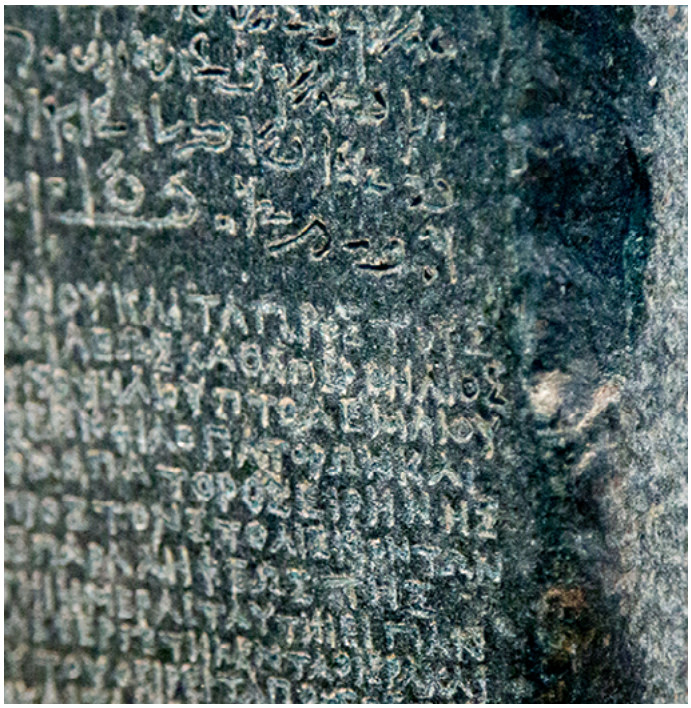
Six researchers from Columbia University in New York, Appalachian State University in Boone, N.C., Weill Cornell Medicine in New York and Geisinger Health in Danville, Pa., wanted to test the ability of patients to understand commonly used medical abbreviations and acronyms in the patients' medical records.

With patients now having access to their electronic medical records online thanks to the interoperability and information blocking rules that implemented provisions of the 21st Century Cures Act, it sure would be helpful from a healthcare consumerism standpoint if the language in their own medical records was readable and understandable. Or, as the researchers stated, "Medical abbreviations and acronyms often limit patient understanding of health records."

So, the researchers asked 30 English-speaking patients to read medical records that had 10 commonly used abbreviations and acronyms in them. Then they asked another 30 English-speaking patients to read the same records but with "expansions" for the same 10 abbreviations and acronyms.

"Expansions" is health services research-speak for "spelled out." I think it means that when you click on or hover over the abbreviation or acronym on your screen it expands to the spelled-out version. The 10 abbreviations and acronyms were:

- BP (blood pressure)
- ED (emergency department)
- HF (heart failure)
- hrs (hours)
- HTN (hypertension)
- hx (history)
- MD (medical doctor)
- MI (myocardial infarction)
- pt (patient)
- yo (year old)



To no one's surprise, the group of 30 patients who had the abbreviations and acronyms spelled out had a higher comprehension level than the group of 30 patients who didn't. The group of patients with explanations knew the meaning of 95 percent of the abbreviations, while the group with just abbreviations knew just 62% of the meanings.

"These findings suggest that post hoc or automated expansion of medical abbreviations and acronyms can improve patient understanding of their health information and may benefit ongoing national efforts to provide patients with electronic access to their own documentation," the researchers said.

In short, giving patients access to their own medical records that spell out common terms rather than use shorthand again levels the playing field between providers and patients.

If providers — and payers, too — are serious about putting patients and members first and helping them become effective consumers of healthcare services, a great place to start is by dropping the jargon and speaking the same language as your customers.

Thanks for reading.

AUTHOR

Dave Burda began covering healthcare in 1983 and hasn't stopped since. Dave writes this monthly column "Burda on Healthcare," contributes weekly blog posts, manages our weekly newsletter 4sight Friday, and hosts our weekly Roundup podcast. Dave believes that healthcare is a business like any other business, and customers—patients—are king. If you do what's right for patients, good business results will follow.

Dave's personnel experiences with the healthcare system both as a patient and family caregiver have shaped his point of view. It's also been shaped by covering the industry for 35 years as a reporter and editor. He worked at Modern Healthcare for 25 years, the last 11 as editor.

Prior to Modern Healthcare, he did stints at the American Medical Record Association (now AHIMA) and the American Hospital Association. After Modern Healthcare, he wrote a monthly column for Twin Cities Business explaining healthcare trends to a business audience, and he developed and executed content marketing plans for leading healthcare corporations as the editorial director for healthcare strategies at MSP Communications.

When he's not reading and writing about healthcare, Dave spends his time riding the trails of DuPage County, IL, on his bike, tending his vegetable garden and daydreaming about being a lobster fisherman in Maine. He lives in Wheaton, IL, with his lovely wife of 35 years and his three children, none of whom want to be journalists or lobster fishermen.

Visit 4sight.com/insights to read more from Dave Burda.