Reducing Patients Unmet Concerns in Medical Visits: A Trial of Two Question Designs

John Heritage, UCLA

Introduction

CA is a sociological approach to the study of language and social interaction.

It emerged at UCLA in the mid-1960s (in the work of Harvey Sacks and Emanuel Schegloff) as a sequel to the work of Erving Goffman.

Introduction

Goffman: The Interaction Order

An institutional domain of rights, obligations and inferential resources forming the basis for the organization of interaction.

Intervening between the psychological make-up of the individual, and the larger institutional structures of society.

A 'syntax' of interaction, mediated by 'face' considerations - the desire for social affirmation (positive face), and the aim of remaining free from constraint (negative face).

Functioning to regulate relationships between individuals.

Introduction

CA Foci of Analysis:

Sequences

Practices

Organizations

Conversation Analysis: (1) SEQUENCE

Conversational Actions are sequence contextual:

1) Built by reference to some 'place' in talk

2) Display an analysis of the prior talk

3) Project some 'next' action

4) An essential vehicle for the construction of intersubjectivity

Conversation Analysis: (2) PRACTICES

Sequences are the object of practices of turn construction. To be identified as a practice, an element of conduct must be:

- Recurrent

- Specifically situated

- Attract responses that differentiate it from similar or related practices.

Conversation Analysis: (2) PRACTICES

Turn-initial Address Terms

A: Gene, do you want another piece of cake?

Oh-prefaced responses to questions

A: How are you feeling Joyce.=

    B: Oh fi:ne.

    A: 'Cause- I think Doreen mentioned that you weren't so well?

Polarity in question design

Dr: Are there any other concerns you want to discuss?

Conversation Analysis: (3) ORGANIZATIONS

Practices cluster in organized clumps concerned with fundamental orders of conversational and social organization:

- Turn taking and managing the flow of conversation

- Reference to objects, persons and places

- Problems in speaking, hearing and understanding talk

- Social solidarity and affiliation in social relationships

- Epistemics and information management

- Etc.

Context: Patients' Multiple Concerns

Unmet patient concerns are a significant problem for physicians and patients:

- They can leave unaddressed medical problems to worsen.

- They contribute to unnecessary patient anxieties.

- They can result in additional visits that are costly in terms of patient time and money, and in terms of limited medical resources.

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Textbooks of medical interviewing recommend that physicians solicit all patient concerns early in the visit, so that they do not get squeezed into the final moments of the visit, or lost altogether.

In practice physicians rarely do this. (Less than 5% of the time in our control cases, and none early on.)

Research Question:

Can physicians elicit additional concerns early in the visit, achieve complete treatment of additional concerns and improve time management?

Background:
Question Design - Focus on Preference

Preference Organization

1. Yes/no or 'polar' questions are not only restrictive of patients' opportunities to respond,

2. They are also 'tilted': that is, designed for, anticipating, expecting or 'preferring' particular answers.

Methods for Building Preference

Grammatically Yes-Preferring

1) *'Straight interrogative' questions, e.g., "Are you married?"*

2) *Statement + negative tag, e.g., "You're married, aren't you?"*

3) *Declarative questions "You're married currently."*

4) *Negative Interrogatives, e.g., "Aren't you married?"*

Methods for Building Preference

Grammatically No-Preferring

1) Negative Statement + positive tag, e.g., "You're not married, are you?"

2) Negative declaratives, e.g., "You're not married."

3) Straight interrogatives with negative polarity items, e.g., "Have you ever had children?" "Do you have any children?"

Negative polarity items include words like any, ever, at all, etc.

Two Principles of Question Design: (i) Optimization

Optimizing a question means designing it for a
favorable (social or health) outcome

- Is your father alive?

- Is your father dead?

- Is your father alive or dead?

Optimization by Negative Polarity: Questions invite negative Responses about problematic medical conditions

```
1  DOC:    -> An' do you have any other medical problems?
2  PAT:       Uh: no.
3             (7.0)
```

Optimization by Negative Polarity: Questions invite negative Responses about problematic medical conditions

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1  DOC:    -> An' do you have any other medical problems?
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4  DOC:    -> No heart disease,
5  PAT:       #Hah:.# ((cough))
6  PAT:       No.
7
```

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 6  PAT:       No.
 7             (1.3)
 8  DOC:    -> Any lung disease as far as you know:,
 9  PAT:       No.
10             (.)
11  PAT:       Not that I know of.
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12             (.)
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14  PAT:       No.
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Optimization by Negative Polarity: Questions invite negative
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11  PAT:       Not that I know of.
12             (.)
13  DOC:    -> Any diabetes,
14  PAT:       No.
15  DOC:    -> Have you ever had (uh) surgery?
16             (0.5)
17  PAT:       I've had four surgeries on my left knee:.
```

23

Two Principles of Question Design: (ii) Recipient Design

Recipient Design involves tailoring a question, or
other action to the circumstances of a
particular recipient.

In acute care, this means non-optimized questions
about the presenting concern.

Recipient Design: The patient presents with ear pain, the doctor's questions are built for affirmative responses

```
 1  DOC:  ->  Which ear's hurting or are both of them hurting.
 2            (0.2)
 3  GIR:      Thuh left one,
 4  DOC:      °Okay.° This one looks perfect, .hh
 5  MO?:      (U[h:.???)
 6  DOC:        [An:d thuh right one, also loo:ks, (0.2) even
 7            more perfect.
 8  GI?:      (              )
 9  DOC:  ->  Does it hurt when I move your ears like that?
10            (0.5)
11  GIR:      No:.
12  DOC:  ->  No?,
13  DOC:  ->  .hh Do they hurt right now?
14            (2.0)
15  GIR:      Not right now but they were hurting this morning.
16  DOC:  ->  They were hurting this morning?
17            (0.2)
18  DOC:      M[ka:y,
```

25

PARENTS

	Nationality	Year of birth	Occupation
Mother			
Father			

SIBLINGS

Name					
Sex					
D.O.B.					

BIRTH INFORMATION

Pregnancy normal/abnormal, specify _____

_____

Type of delivery _____

In S.C.B.U.   Yes/No

Neonatal problems   1 _____ 2 _____ 3 _____

Feeding on leaving hospital: Breast/Bottle/Mixed

Family planning advice given: Yes/No

BLOOD TESTS   PKU: Normal/Abnormal   Thyroid Test: Normal/Abnormal

MAJOR MEDICAL AND SOCIAL INFORMATION

_____

_____

Conflict between the principles:

```
[1A1:14]
 1  HV:      =So you had a- uh:
 2           (1.0)
 3       -> You didn't- Did you- You didn't have
 4           forceps you had a:
 5   M:      =Oh [no:: nothing.
 6   F:          [(    )
 7  HV:      An- and did she cry straight awa:y.
 8   M:      Yes she did didn't sh[e.
 9   F:                           [Mm hm,
```

Collaboration between the principles (Pat is c.50 with an adult daughter)

```
1  DOC:      Are you married?
2            (.)
3  PAT:      No.
4            (.)
5  DOC:      You're divorced (°cur[rently,°)
6  PAT:                          [Mm hm,
```

Collaboration between the principles:

```
 1 DOC:   ˙hhh Uh if the X-ray is shows anything
 2        ba::d, (0.5) I: will ca:ll.
 3 PAT:   Okay.
 4 DOC:   If I can't reach you, (0.3) I'll write you
 5        a letter.
 6        (.)
 7 PAT:   Great.
 8        (10.5) ((physician writes prescription))
 9 DOC:   Anything e:lse.
10        (1.9)
11 PAT:   ˙hhhhhh No:: I don't think so.=hhhhhhhh I'm
12        doing pretty well otherwise.
13        (1.4)
14 DOC:   ˙mtch=˙hh >By the way< if this bu:rns your
15        stomach you should take it with foo::d_ you
16        can take an anta:c[id,]
```

Why Persist with "Any questions" etc

Collaboration between Principles:

Recipient Design: patient has not described or hinted at other medical problems.

Optimization: Ideally, the patient does not have any additional problems.

Why Persist with "Any questions" etc

Collaboration between Principles:

Recipient Design: patient has not described or hinted at other medical problems.

Optimization: Ideally, the patient does not have any additional problems.

Result: A sedimented, habitus-based disposition to ask this question in a no-preferring fashion.

The Multiple Concerns Study

Methods for Building Preference

Polarity Items: "some" vs "any"

1. "Any" is negatively polarized: it ordinarily occurs in declarative sentences that are negatively framed (e.g., "I haven't got any samples"), and is normally judged to be inappropriate in positively framed declarative sentences (e.g., "I've got any samples.").

Methods for Building Preference

Polarity Items: "some" vs "any"

1. "Any" is negatively polarized: it ordinarily occurs in declarative sentences that are negatively framed (e.g., "I haven't got any samples"), and is normally judged to be inappropriate in positively framed declarative sentences (e.g., "I've got any samples.").

2. "Some" is positively polarized: it ordinarily occurs in positively framed declarative sentences (e.g., "I've got some samples"), and is normally judged to be inappropriate in negatively framed ones (e.g., "I haven't got some samples").

Research Question

Although both "some" and "any" can appropriately be used in questions, their polarized associations may have a direct causal influence that biases responses.

This study tests for this effect in relation to the question "Is there [some/any]thing else you would like to address in the visit today?"

It also tests for whether either of these questions leads to the introduction of concerns that were not anticipated in the survey, or otherwise extended visit length.

REDUCING PATIENTS' UNMET CONCERNS

Methods:

Sample:

20 physicians: 10 in Los Angeles, 10 in rural Pennsylvania.

220 patients, 11 patients per physician.

36

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220 patients, 11 patients per physician.

Patient Assignment to control and intervention status:

80 patients are 'controls' (4 per physician)

70 patients are 'ANY' interventions (7 patients of 10 physicians)

70 patients are 'SOME' interventions (7 patients of 10 physicians)

We would like to get some information about your perceptions and your health. We are interested in your *honest* opinions, whether they are positive or negative. All of your answers are *totally confidential* – they will not be seen by the doctor or the medical staff. *Please answer all of the questions*. Thank you very much – we really appreciate your help!

Please CIRCLE the SINGLE, most appropriate answer.

1. Do you agree or disagree with the following statement: "Most people receive medical care that could be better."

1	2	3	4	5
Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree

2. Please list and describe your *primary* reason for visiting the doctor today?

lower back pain

Three Concerns:
1. Back Pain

3. In addition to your primary reason (above), what *other* issues, problems, or concerns do you want to talk to the doctor about today?

FATIGUE, CONSTIPATION

2. Fatigue
3. Constipation

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80 Control Visits

140 Exp. Visits

MC – 14 – 07

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   lower back pain
   _____

   _____

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   FATIGUE, CONSTIPATION
   _____

   _____

   _____

   _____

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- **80 Control Visits**

  - **20 No pre-visit survey**

- **140 Exp. Visits**

- **200 Visits with pre-survey**

MC – 14 – 07

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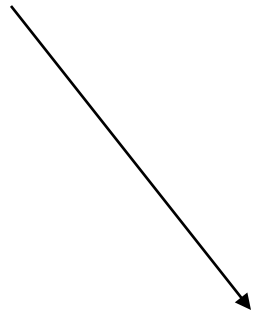
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- **80 Control Visits**

  - **20 No pre-visit survey**

- **140 Exp. Visits**

- **200 Visits with pre-survey**

- **Only 99 with >1 concern on pre-survey**

MC – 14 – 07

MC-PreQ, p. 1

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FATIGUE, CONSTIPATION

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Methods:

Procedure:

Patients completed a pre-visit survey which included a question asking them to itemize the concerns that they wanted to address in the visit.

Patients completed a post-visit survey dealing with satisfaction with the medical visit.

Physicians recorded 4 normal encounters.

Then physicians were randomly assigned to one of two interventions for seven additional encounters.

After the patient's initial problem presentations was complete, the physician was instructed to ask:

Either:

Are there ANY other concerns you'd
like to address during this visit?

(Negatively polarized)

Or:

Is there SOME other concern you'd
   like to address during this visit?

(Positively polarized)

Model Building for Unmet Concerns Outcome

We screened bivariately for eight potential covariates, in addition to the SOME/ANY intervention, for inclusion in our model:

1. Number of pre-visit concerns expressed (2 versus 3-4).

2. Patient age in decades.

3. Patient gender

4. An indicator that the patient was non-Hispanic white.

5. An ordinal measure of educational attainment.

6. Household income.

7. Physician gender.

8. Location: Los Angeles vs Pennsylvania

Covariates were retained in multivariate models if they passed a significance threshold of p.<0.20

Results

	Patients who came with 2 or more concerns (%)*	Patients who left with unmet concerns (%)**
Pennsylvania	40	44
Los Angeles	58	32
Total	49	37

*Complete sample   **Control cases with 2+ concerns

"Are there some/any other concerns you want to deal with today?"

	Patient has <u>more than one</u> medical concern	
	Yes	No
Some	90%	10%
Any	53%	47%

p= .003

Result is not influenced by location of question within the patient's first problem.

Variables associated with patients' unmet concerns

	Odds Ratio	Std Error	Z	P	95% CI
"SOME" Intervention	.15	.08	-3.45	.001	.054 - .45
"ANY" Intervention	.213	.213	-1.55	.122	.030 – 1.5
3+ Pre-visit Concerns*	7.2	3.67	3.88	< .001	2.66 – 19.6

*Omitted variable is 2 pre-visit concerns.

Opening Pandora's Box?

Opening Pandora's Box? Visit Time

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The SOME condition did not significantly increase total visit time.

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total visit time.

Relative to controls, mean visit times for the interventions
were:

SOME: -0.01 seconds (p=1.00)

ANY: +55 seconds   (p.=.244)

Opening Pandora's Box? Unanticipated Concerns

The SOME condition was not associated with the <u>ad hoc</u> creation of concerns that were not entered in the pre-visit survey.

<u>Effect Size of the SOME Intervention</u>

Controlling for the number of previous concerns, we estimate that when implemented as specified, the SOME intervention eliminates more than three-quarters of all cases of unmet concerns, reducing that rate from 37% to a covariate adjusted rate of 8%.

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The fact that the intervention was appropriately implemented in 75% of cases suggests that our 5 minute training tape alone could eliminate more than half of all cases of unmet concerns, reducing the rate from 37% to 15%.

Conclusions

Conclusions (Medical Care):

    40-50% of patients present to their primary care physician with more than one concern. 20% ordinarily leave with at least one concern unaddressed.

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It does so without increasing visit time or causing the creation of non-survey concerns.

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The question "Are there some other concerns you'd like to talk about today?" is an effective way of reducing the incidence of unmet concerns in the visit.

It does so without increasing visit time or causing the creation of non-survey concerns.

It functions to enable physicians and patients to prioritize concerns and engage in effective time management.

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Establishing the patient's agenda for the visit, and early in the visit, is one such method.

Our research suggests that a simple adjustment in physician conduct could have a massive impact on the success of this process.

Conclusions (Communication Analysis):
'Any' is generally recognized as a negative polarity item.

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However the suggestion that, when deployed in questions, it tends to favor a 'no' response has been controversial.

We believe that this quasi-experimental study goes a considerable way towards resolving this issue.

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4. The power of interactional practices in generating medical outcomes relative to other more traditional sociological variables is remarkable.

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Conclusions (Communication Analysis):

4. The power of interactional practices in generating medical outcomes relative to other more traditional sociological variables is remarkable.
Numerous applied issues stem from the some/any finding not only in medicine, but in police work, survey design, education, sales and commerce, etc.
For example: "Do you have any questions?"

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4. The power of interactional practices in generating medical outcomes relative to other more traditional sociological variables is remarkable.

Numerous applied issues stem from the some/any finding not only in medicine, but in police work, survey design, education, sales and commerce, etc.

For example: "Do you have any questions?"

We think physicians should take more interest in the dynamics of social interaction than they currently do.

Reducing Patients' Unmet Concerns in Primary Care: the Difference One Word Can Make

John Heritage, PhD[1], Jeffrey D. Robinson, PhD[2], Marc N. Elliott, PhD[3], Megan Beckett, PhD[3], and Michael Wilkes, MD PhD[4]

[1]Department of Sociology, University of California, Los Angeles, CA, USA; [2]Department of Communication, Rutgers University, Brunswick, NJ, USA; [3]RAND Corporation, Santa Monica, CA, USA; [4]School of Medicine, University of California, Davis, CA, USA.

CONTEXT: In primary, acute-care visits, patients frequently present with more than 1 concern. Various visit factors prevent additional concerns from being articulated and addressed.

OBJECTIVE: To test an intervention to reduce patients' unmet concerns.

DESIGN: Cross-sectional comparison of 2 experimental questions, with videotaping of office visits and pre and postvisit surveys.

SOME form. Both the learning and implementation of the intervention require very little time.

http://www.esourceresearch.org/

Heritage@ucla.edu

THANK YOU!

Heritage@ucla.edu

Table 1: Patient and Visit Characteristics (n=228, except when indicated)

	Los Angeles (n=108)	Pennsylvania (n=120)	Total (n=228)
Female Patients	67%	65%	66%
Non-Hispanic White Patients	59%	92%	76%
Patient Age	44 Years (SD 16) (n=107)	42 Years (SD 16) (n=115)	Mean: 43 Years (SD 16) (n=222)
Patient Education: High School or Less	53% (n=104)	65% (n=111)	59% (n=215)
2 or more Concerns in Pre-visit Survey	58% (n=98)	40% (n=106)	49% (n=204)
2 or more patient initiated Concerns discussed in Medical Visit	69%	41%	54%
Non-intervention cases with Unmet Concerns when patients reported more than one concern in Pre-Visit Survey	21% (n=29)	21% (n=33)	21% (n=62)
One or more Unanticipated Concerns*	49% (n=98)	16% (n=106)	27% (n=204)
Mean Total Visit Length	11.1 minutes (SD 4.5)	11.6 minutes (SD 5.0)	11.4 minutes (SD 5.0)

*Limited to those given the pre-visit survey of concerns.

Three Concerns:
1. Back Pain ←

2. Fatigue ←
3. Constipation

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Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree

2. Please list and describe your *primary* reason for visiting the doctor today?

lower back pain
_____

_____

_____

3. In addition to your primary reason (above), what *other* issues, problems, or concerns do you want to talk to the doctor about today?

FATIGUE, CONSTIPATION
_____

_____

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MC – 14 – 07

MC-PreQ, p. 1

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FATIGUE, CONSTIPATION
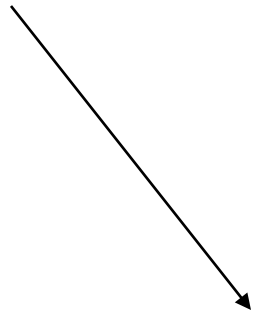
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- **80 Control Visits**

  - **20 No pre-visit survey**

- **140 Exp. Visits**

- **200 Visits with pre-survey**

MC – 14 – 07

We would like to get some information about your perceptions and your health. We are interested in your *honest* opinions, whether they are positive or negative. All of your answers are *totally confidential* – they will not be seen by the doctor or the medical staff. *Please answer all of the questions.* Thank you very much – we really appreciate your help!

Please CIRCLE the SINGLE, most appropriate answer.

1. Do you agree or disagree with the following statement: "Most people receive medical care that could be better."

1	2	3	4	5
Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree

2. Please list and describe your *primary* reason for visiting the doctor today?

lower back pain

_____

_____

3. In addition to your primary reason (above), what *other* issues, problems, or concerns do you want to talk to the doctor about today?

FATIGUE, CONSTIPATION

_____

_____

_____

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- **80 Control Visits**

  - **20 No pre-visit survey**

- **140 Exp. Visits**

- **200 Visits with pre-survey**

- **Only 99 with >1 concern on pre-survey**

MC – 14 – 07

We would like to get some information about your perceptions and your health. We are interested in your *honest* opinions, whether they are positive or negative. All of your answers are *totally confidential* – they will not be seen by the doctor or the medical staff. *Please answer all of the questions.* Thank you very much – we really appreciate your help!

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lower back pain

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FATIGUE, CONSTIPATION

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