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From Doctor-Speak to Patient-Speak: Bridging the Communication Gap

Announcer:

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Dr. Brown:

So as retina specialists, we often struggle to have our patients with diabetic macular edema understand the need for regular treatment and follow-up. How can we better communicate with our patients and help them achieve good visual outcomes?

This is CME on ReachMD, and I'm Dr. Jeremiah Brown.

Dr. Gonzalez:

And I'm Dr. Luis Gonzalez.

Building a strong physician-patient relationship is key to achieving great outcomes. I found that having an open, in-depth discussion about the disease and a clear treatment plan helps set shared goals and prevent surprises when therapy needs to be escalated. It also makes a big difference to communicate in simple layman terms. I always stress the importance of compliance, but I also want the patients to feel comfortable reaching out if they're struggling to keep up with the appointments. As physicians, we're never mad when a patient misses a visit. We're just concerned about the risk of irreversible visual loss.

How do you make your patients, Dr. Brown, feel comfortable in your clinics? And how do you handle these absences from treatment, for example, if a patient is admitted to the hospital and cannot make it to the clinics?

Dr. Brown:

Well, one of the things I think is so important is making the patient feel comfortable to help establish trust. The patient has to feel like it's you and me together. We're both fighting against this condition, as opposed to I'm dictating to them what they need to do. It's the two of us working together. Really, that issue of trust starts when they walk in the door. It's helpful to have staff that speak the language of the patients that you have that are a large part of your clinic. And from that first visit, you want to start educating them about their disease and treatment. I'm sure you know, you've seen it yourself, patients still come in, in this day and age, not knowing that diabetes can affect your eyes, but we have to go over that with them and make them understand, help them to understand why it is so important that we treat it.

We have to talk about other options. They may have heard about friends having laser or this or that, and you may have to discuss why and when laser would be appropriate and why and when it would not be appropriate. And then it's also important to inform their primary care doctor and their endocrinologist, like let them know, keep them abreast of what's happening, send those letters and so that they will be able to reinforce the message when they go to see that doctor.

One thing to start out with, I like to have my workup staff ask every patient, do you know what your hemoglobin A1c is? I want to know that because I want that on their chart. But I also want the patient to know that it's important to know what their hemoglobin A1c is, and that's a way that they can monitor how they're doing.

So really good healthcare requires a team-based approach from the front of the office to the back of the office.

Do you have any other ideas or approaches that you use for supporting your patients?

Dr. Gonzalez:

Of course. I think you gave a great, great example, and I love the idea of making the patient part of the team. I think we sometimes forget they should be the main character in their treatment, right? And it makes a whole difference when they feel part of the decision-making.

And I've come to appreciate that managing patients with diabetes is a very elaborate team effort, requires coordination not only within your clinic, from front desk to checkout, but also across multiple specialties. So staying in very close communication with their primary care physician and the endocrinologist, nephrologist, all the other specialties that are involved is essential, right, to achieve best outcomes.

On a more personal level, I usually offer – you probably have noticed this also in your clinics – the patients the option to involve their family in the decision-making process. Sometimes imagine getting to your visit, and then you are just bombarded with all this information about leaking and neovascularization and bleedings and injections, and it's overwhelming. And sometimes the patient need that extra support to make a decision in a more calm manner. So sometimes I offer them to come back with a family member. Sometimes I encourage them to call a family member while we're in the visit so decisions can be made together and they feel that they're not only the doctor making the decision, but also them and their family participating.

And for example, I have this case that a 46-year-old Hispanic man that was part of the ELEVATUM study, he had a history of diabetes mellitus type 2. As you can imagine, he didn't even know he had diabetes until he was having problems with his eyes. And we see here in the fluorescein angiogram, you can see all the leaking spots. The macula has some subfoveal leakage, and you can start seeing some peripheral ischemia. On the OCT, you see thickening of the CST is approximately 388 microns, and the visual acuity has started to drop. This patient, after long discussions involving the family, he decided to participate in the trial. And you can see how 6 weeks later, after the first faricimab injection, he's starting to show already improvements not only in the OCT with a CST of 300 but also on his visual acuity. And about 20 weeks after the first visit, after only 2 injections, he's back to a normal thickness. And you can see the tremendous improvement on his FA, almost back to baseline. And he remained actually treatment free for 2 years, holding the visual acuity and a good fluorescein angiogram.

So I think encouraging patients to be part of the opportunities that are available for them is extremely important.

Dr. Brown:

That's a great case. And you made some very good points there. And I like how you involve the family in the decision-making. I think that can be so helpful.

For those just tuning in, you're listening to CME on ReachMD. I'm Dr. Jeremiah Brown, and here with me today is Dr. Luis Gonzalez. We're diving into the age-old challenge of how to speak to our patients so that they will listen and how to listen to our patients when they are speaking.

Access to healthcare is really the key to good health, but sometimes patients can't take time off or don't have healthcare. We have to let the patients know about assistance programs. We need to be aware of the programs that are available in our community, and they might be able to help some of these patients.

Dr. Gonzalez:

Yeah, that's great advice. And I would also add there are some important "do nots" when connecting with patients. I learned to avoid blaming them for the situation they're in and also avoid setting unrealistic expectations. Right? We need to, instead of these, focus on

explaining the facts, how uncontrolled diabetes has led to the current situation, and more importantly, how much progress you can make through a very systematic approach to treatment in a way that we both are part of the team, right? We want the same thing. And when the patient feels that their doctor is on the same team, and they don't feel blamed or guilty from the situation they're in, then there's more participation, more compliance, more sticking with the treatment. And sometimes even the patient themselves learn how to read OCTs and how to read FAs. And they themselves tell you, I think I need treatment today, or I think we can extend a little bit more the treatment. And it's a great way to see how that relationship blossoms over time. And then you start talking about families, other things, and I think it's important to make the patients feel comfortable when they come to our clinics.

Dr. Brown:

Yes. I think that's such a great point. And the power of language, I mean, the words we use and how we use them can totally set the interaction to go in a negative way or in a positive direction. And not blaming, like you said, not calling him, "You're a diabetic," or "You're out of control." It's more the two of you are working against this disease called diabetes. So, yes, I agree.

Dr. Gonzalez:

Every patient is different, and some connection, like in real life, some connections happen instantly and you immediately hit it over the park, and you have a great back-and-forth and a plan. Other times it takes more effort, and sometimes it takes several visits to establish a rapport. And we have to understand many of these patients are carrying a heavy burden, right, whether it's financial, emotional, physical. And as physicians, it's our responsibility to create a supportive environment, along with our staff, that fosters that trust that you were mentioning at the beginning of the podcast and set the stage for real, real success in treatment.

Dr. Brown:

Absolutely. And I like what you said about setting expectations. What I've come to do is when I first see my patient, that first visit, I explained to them, "You know what? I'm probably going to see you every month for at least the next 6 months. If it turns out I don't need to, then great," but so that they know it's not just this open-ended, "Oh, I don't know how many times I'll be back. I don't know." They should know, "For the next 6 months, you're going to see me every month, we're probably going to do an injection, and then we'll see where we go from there." And so they have that expectation, and they're not surprised by, "How long is this going to be going on?" And kind of giving them landmarks along the way.

Dr. Gonzalez:

Right. That's exactly what I do as well. I tell them, "You're going to be my best friend for the next 6 months. We're going to see each other very frequently, and then in 6 months we'll reassess." And then in 6 months, we set up the plan for the next 6 months. And patients get tired, and sometimes they ask, "How many more injections?" But then you can re-ground and go back to the initial discussion and show them how the improvement happens when you get the treatment and start all over again.

Dr. Brown:

Well, as we wrap up here today, Dr. Gonzalez, what's your one take-home message for the audience?

Dr. Gonzalez:

I have several, but I would say this is a team effort. The interaction of you with the patient, it's a small part of the whole process. Educating the front desk staff, the runners, the technicians, the photographers, to have that conversation with the patient is extremely important, as you mentioned, to create that environment that allows the success of treatment. Language is spoken in a way that the patient is familiar with and understands what the plan is. I think that's the best we can do.

Dr. Brown:

Yes. And if I had anything to add, I would say just to reiterate the issue of trust. We want to build trust with our patients. We want them to feel comfortable in our office, and by that way, they'll be more likely to comply with the treatment plan, have fewer missed visits, and more success.

So it sounds like that's all the time we have for today. So I would like to thank our audience for listening. And I thank you, Dr. Luis Gonzalez, for joining me. It was great speaking with you today.

Dr. Gonzalez:

Thank you so, so much, Dr. Brown.

Announcer:

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