Monroe County Medical Society Quality Collaborative

Communicating With Older Patients

Mr. C was an 85 year old man with multiple medical problems. Long disabled from back injuries due to his career doing physical labor after intensive military service, he lived with his wife of 60 years in subsidized housing in the city of Rochester. He had a supportive son who drove him to appointments and good health insurance with a local Medicare advantage plan. He saw a urologist for his prostate cancer and a cardiologist for his coronary artery disease following a large MI and cardiac arrest five years prior to his death.

Why does this patient pop into my mind when asked to write about communication with the elderly? The reason has very little to do with his medical condition. It has to do with his frequent visits to my office and his interaction with me and the staff. Mr. C was in my office at least once a month. He would get his B12 shots, and at one point, testosterone replacement, in addition to frequent visits to me for his health problems. He was a patient to whom our office was a haven. A place where he felt appreciated and where he felt less stressed. He used to refer to me as “her majesty” to my staff, so they once had me wear a Burger King crown for his visit!

Effective communication with the elderly starts before the patient ever sees you. Mr. C was cared for over many years by a team of professionals that included everyone in my office. It is important to take a global view of what kind of “medical home” you are providing in your office as well.
The population of elders is growing quickly with the aging of the baby boomers, and demand for physician services is rapidly expanding. A challenging population indeed, since communication is made more difficult by sensory losses such as decreased vision and hearing, memory loss, cognitive changes and slower processing of information. Mounting losses in their lives and in their functional abilities and power over their own lives creates difficulties that require careful attention and intervention.

Staff communication sets the tone for the success of your visit. When an older patient calls the office they need to be able to reach the appropriate person. Dealing with complex phone trees and voice mails, not to mention computer portals, can be difficult and frustrating to all of us, even without the challenge of being uncomfortable and unfamiliar with the technology. Call your office sometime on a busy Monday morning and see what it is like to try to get to a human. If you get frustrated, think about the 89-year-old patient, and make some changes. When the patient does arrive at the office, the staff should each greet the patient respectfully and introduce themselves and their roles. Very few elderly patients appreciate being called by their first names or worse

yet "honey" by a young medical assistant whom they have never met before. They should be seated in a quiet, comfortable space in the waiting room and offered assistance with any forms that might be difficult to complete. Staff should be ready to physically escort and assist elders with mobility problems. If the MD is running late (or the patient is early), staff should periodically check in and keep the patient accurately informed of what the wait might be. Staff should also provide a warm "goodbye" after the visit.

Now it is your turn. We are famous for not listening to patients. The average interruption to a patient relaying their story occurs after only 18 seconds. If geriatric patients are not given the time to tell their stories, something important might be missed. Allow extra time for patients that you know need it. It is important not to appear rushed or distracted. Because hearing might be impaired, adjust the volume of your speech to what is appropriate for the patient to understand. Sit face to face and make eye contact. This facilitates lip reading but also sends a message that you are engaged and care about what the patient is telling you. If you are using a computer, make sure that you can disengage from the screen long enough to fully engage the patient. Try not to interrupt. If you take an extra two minutes biting your tongue so the patient can get the whole problem described, you will save time in the long run. I guarantee it!

It is important that your eye contact and conversation is with the patient. Even if the patient has dementia and the caregiver is providing the bulk of the information it is important that the clinical questions be asked directly to the patient so that he or she is included and understands they are the focus of the conversation. Speak slowly and clearly if there is any issue of understanding. Do not assume medical literacy on the part of the patient. It is important to avoid "medicalese" and speak in plain English, but also to avoid "elderspeak" or patronizing language to a confused or elderly patient.

Medication reconciliation is a crucial part of every visit. With the fractionated care and transitions of care that patients are subject to in our current system, medication errors are rampant. Medications should be reviewed at every primary care, specialty and hospital visit. When a new med is prescribed or an old med is discontinued, it is important to be sure the patient and caregiver understand the change and that other treating physicians are also made aware.

When providing information and recommendations about preventative testing and end of life care, it is important to customize your conversation to the values and cultural beliefs of your patient. Avoid making ageist judgments that devalue the patient because of their age or disability. The way you deliver the information about the decision may be more influential than the information itself. It is important to consider the patient's personal and cultural values rather than your own. This is a difficult task for all of us, but awareness is very helpful.

Be sure to simplify and write down all instructions. If you are using an EMR you can type the instructions to print in your clinical visit summary, but writing them on a separate page is also helpful. Make sure to leave time for questions. Make your office a place where patients feel welcomed and understood.

This article was authored by Leslie Algase, MD, an internist and geriatrician in practice at Partners in Internal Medicine.