

Executive Summary

Every organization in a health care system must communicate complex information to a wide range of people. Communicating complex information clearly and effectively is a challenge, but it is critical for ethical, high-quality health care. Many people who read or hear standard health information do not fully understand it. In the United States today:

- More than 22 million people speak English less than “very well.”
- More than 34 million people were born in another country.
- More than 95 million people have literacy levels below what they need to understand even basic written health information, such as how often to take a medicine.

Many leaders of organizations throughout the health care system understand that cultural beliefs and values, linguistic diversity, literacy levels and other issues can affect the quality of health care communication. And poor quality communication can affect health outcomes and the long-term success of health care businesses.

Taking a patient-centered approach to health care communication can help an organization’s staff and leaders learn about the communication needs of the individuals and groups they serve. A patient-centered approach will also help an organization find the right ways to meet these needs. *Patient-centered communication is respectful of and responsive to a health care user’s needs, beliefs, values and preferences.* Defined in this way, patient-centered communication is not just about patient-doctor conversations, it is an element of any ethical, high-quality health care interaction (see Box).

The goal of this report is to help health care organizations communicate better. To do this, the report describes why communication is important and how an organization can take steps to ensure good communication. Organizational performance is separated into six main areas and three subareas. Within organizations, quality improvement efforts to promote patient-centered communication could focus on any or all of these interrelated areas.

Example: Patient-Centered Communication

A Puerto Rican man was hospitalized in an intensive care unit on a ventilator. His prognosis was very poor and his family was asked whether he would want to be removed from the ventilator. This already difficult decision was made even more complex because his family included almost 40 people, half of whom spoke English and half of whom spoke only Spanish. Both family groups were having a hard time understanding what was going on and the non-English speakers did not fully trust that the English-speaking family members were telling them the whole story.

Before the situation got out of control, however, one of the patient’s nurses contacted the hospital’s Cross-Cultural Communication Department. Outreach workers and interpreters worked with clinical staff to explain the situation to the family in both languages and in clear, simple terms that everyone could understand. Each family group designated a spokesperson who could ask questions, express concerns and contribute to the final decision. When the final decision was made, all the family members agreed that it was the right one.

Patient-centered communication is not just about patient-doctor interactions. In this case, a hospital used community and professional resources, and verbal, written and nonverbal communication that focused on the cultural, linguistic and emotional needs of the family, to reach a patient-centered health care decision.

1. **Understand your organization’s commitment.** An organization should routinely examine its commitment, capacity and efforts to meet the communication needs of the populations it serves, including leadership involvement; mission, goals and strategies; policies and programs; budget allocations; and workforce values.

2. **Collect information.** An organization should use standardized qualitative and quantitative collection methods and uniform coding systems to gather valid, reliable information for understanding the demographics and communication needs of the populations it serves.
3. **Engage communities.** An organization should make demonstrable, proactive efforts to understand and reach out to the communities it serves, including establishing relationships with community groups and developing opportunities for community members to participate in shaping organizational policies.
4. **Develop workforce.** An organization should ensure that the structure and capability of its workforce meets the communication needs of the populations it serves, including by employing and training a workforce that reflects and appreciates the diversity of these populations.
5. **Engage individuals.** An organization should help its workforce engage all individuals, including those from vulnerable populations, through interpersonal communication that effectively elicits health needs, beliefs and expectations; builds trust; and conveys information that is understandable and empowering.
 - 5a. **Socio-cultural context.** An organization should create an environment that is respectful to populations with diverse backgrounds; this includes helping its workforce understand socio-cultural factors that affect health beliefs and the ability to interact with the health care system.
 - 5b. **Language.** An organization should determine what language assistance is required to communicate effectively with the populations it serves, make this assistance easily available and train its workforce to access and use language assistance resources.
 - 5c. **Health literacy.** An organization should consider the health literacy level of its current and potential populations and use this information to develop a strategy for the clear communication of medical information verbally, in writing and using other media.
6. **Evaluate performance.** An organization should regularly monitor its performance with regard to each of the prior content areas using structure, process and outcome measures, and make appropriate adjustments on the basis of these evaluations.

This report lists a number of specific, measurable expectations for performance in each of these areas. Organizations can use these performance expectations as a framework for evaluating performance and a guide for quality improvement in patient-centered communication.

Each individual performance expectation is designed so that almost any organization can meet it.

Although each expectation is met by some health care organizations, few organizations currently meet all of the expectations. Communication is a complex topic and this report addresses many different aspects of communication. Organizations should use the report as a map to identify areas of strength and weakness and to help focus resources on the areas most in need of improvement.

In the next phase of its work on patient-centered communication, the Ethical Force Program is field testing an organizational self-assessment toolkit. The toolkit is based on the performance expectations listed in this consensus report and will provide organizations with specific recommendations for where to focus quality improvement initiatives.

Which Organizations?

The performance expectations in this report are meant to be relevant to a wide variety of organizations involved in health care. Most will be directly applicable to hospitals, physician practices, pharmacies, health plans and other providers. But several should also be relevant to government agencies, patient advocacy groups, employers and other health plan purchasers, groups concerned about community health such as senior centers, YMCAs, and faith-based organizations, and commercial or noncommercial providers of health information, such as health information Web sites. Each of these organizations has a responsibility to provide its audience with clear, understandable information about health care.

Even organizations that do not directly serve “patients” can use patient-centered concepts to guide communication with customers, enrollees or employees, all of whom are potential patients. For example, an employer that offers health insurance can improve communication about health insurance options, disease prevention, healthy lifestyles and other topics by using an approach that solicits feedback from the intended audience and considers the audience’s needs, beliefs, values and preferences.

Which Populations?

Clear communication is always important in health care, to every individual and population. However, in certain cases, specific communication challenges are regularly encountered and can be identified. These challenges make some individuals and populations more vulnerable to gaps in effective communication. This report describes why communicating effectively about health care relies on understanding three factors—the audience’s culture, language, and health literacy skills. Populations whose members have limited or no English proficiency, a culture that is not well understood by personnel in the organization and/or limited health literacy skills are referred to as “communication-vulnerable” populations. The report provides specific expectations for addressing potential communication gaps with these populations (see especially Content Areas 5a: Socio-Cultural Context, 5b: Language, 5c: Health Literacy).

The Ethical Force Program™ was initiated in 1997 to improve health care by advancing ethical behavior among all participants in the health care system. It is a collaborative research program directed by an Oversight Body of 21 leaders from organizations representing the major stakeholders in the health care system. Among other activities, the program uses a standardized, consensus-building process to create self-assessment toolkits that are practical, inexpensive and ready-to-use. These toolkits are based on consensus reports, such as this one, and they are designed to help health care organizations evaluate internal climate and target quality improvement efforts in specific domains that are critical to ethical, high-quality health care. For more, see www.EthicalForce.org