

Establishing a partnership with the patient with asthma

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Partnership between a healthcare provider and a patient with asthma is a type of therapeutic and professional relationship specifically designed to promote the adherence of the patient to the medical regimen that will result in optimal control of the patient's disease. We will describe the role of the organization of the asthma outpatient facility, the professional roles of physicians and nurses, and the team approach to building a partnership with the patient with asthma. The patient may be an adult or a child under the supervision of a parent or other appropriate caregiver.

The establishment of such a therapeutic partnership represents the result of an evolutionary change in the way that patients and healthcare providers relate to each other—a step away from the previous model in which physicians developed skills in history taking that were exclusively focused on the diagnosis of the patients' disease, followed by physical examination and prescription of the one treatment regimen that the disease required. Nurses functioned to carry out orders, and little thought was given to how they could be trained to educate patients during their interactions. In the new model, both physicians and nurses have more complex roles. Physicians who are conscious of the important relationship between treatment and patient outcome can use the medical history to explore the patient's psychosocial profile as a way to build a partnership in which physician and patient negotiate the treatment plan based on what the patient, a unique individual, will accept and follow. Nurses who are conscious of the role of patient compliance to treatment will care for outpatients in such a way that compliance is promoted wherever possible: during performance of the initial assessment, during follow-up visits, and in providing the patient with amplified and personalized education about asthma treatment. Together, physicians and nurses can assign the specific roles and responsibilities for clinical activities directed at improving the patient's adherence to, or compliance with, treatment.

Partnership is a worthwhile concept for improving the physician-patient relationship, because it makes the patient an active participant in determining the therapeutic

plan.¹ When partnership is adopted as the form of the relationship, the relationship takes on new importance. The patient's success now depends on the physician's ability to educate the patient and to ensure that he or she will be ready for the added responsibility of self-management of his or her asthma.¹ The physician's ability to educate the patient depends in turn on communication skills. A recent editorial by Clark and associates² has outlined 10 factors that improve this communication and thus promote the establishment of a good partnership (Table I). All of these elements go into the successful formation of a partnership with the patient with asthma.

ESTABLISHING A PARTNERSHIP WITH THE ASTHMA PATIENT

Organizing the outpatient facility to promote partnership

The overall goal of partnership is to ensure the patient's compliance with outpatient appointments and adherence to the prescribed therapeutic regimen. To establish a partnership that promotes compliance with appointments, the office or outpatient facility managers must schedule appointments so that patients do not experience unreasonable waiting times, since a number of studies have shown that this factor is important.³⁻⁵ Goitein⁶ has suggested a number of ways to minimize wasted time for both patient and physician. On the basis of Goitein's analysis, we suggest the following steps to keep waiting times to a minimum: (1) schedule a blank appointment each day for "unforeseen" emergencies, a frequent occurrence in many outpatient clinics, (2) schedule the flow of patient appointments so that the physician occasionally will be unoccupied if a patient is a "no show" (Goitein suggests that for many situations, this would mean underbooking by 5% to 10%), and (3) schedule patients who habitually require extra time for longer-than-average time slots. All these strategies are meant to ensure that the physician and staff make a good initial impression on the patient so that establishment of partnership can begin on a harmonious note. Even the staff's manner of greeting the patient is important and can be a means of showing support.⁷

The role of the physician in establishing partnership

The establishment of partnership continues as the physician elicits the medical history of the asthmatic patient. Although the primary purpose of the medical interview is to elicit information for making a diagnosis,

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TABLE I. Ten factors that improve physician-patient communication

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- Utilizing body language that signals the physician's attentiveness, such as appropriate eye contact and leaning forward slightly while sitting and listening
 - Inquiring about the patient's concerns
 - Reassuring the patient so that the patient is not distracted by fear during the conversation
 - Addressing the immediate concerns of the family
 - Engaging the patient in an interactive exchange through open-ended questions and the use of simple analogies to give explanations
 - Designing the therapeutic regimen to fit the patient's daily schedule
 - Praising the patient for correct disease management
 - Eliciting the patient's own goals for disease control as well as those of the family
 - Reviewing the long-term plan for modifications in disease management
 - Helping the patient plan in advance for possible complications of the disease or treatment
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Data from Clark NM, et al. Physician-patient partnership in managing chronic illness. *Acad Med* 1995;70:957-9.²

it also gives the physician the opportunity to establish overall rapport with the patient and provide empathy.

After these preliminary steps are completed and the physician makes a diagnosis of asthma, a therapeutic plan should be formed, guided not only by the level of severity of the patient's asthma and any comorbid conditions but also by principles that promote adherence by the patient. The physician should attempt to put together a recommended treatment that is clinically effective, simple, convenient, inexpensive, and as free from side effects as possible.⁷ A patient who needs to learn a new skill to adhere to therapy (e.g., how to use a metered-dose inhaler) should be taught by the clinician or by a trained nurse. Information properly conveyed in this way allows the patient to understand his or her condition and leads to higher levels of patient satisfaction with care.⁸ The clinician should also determine whether the patient has any insurmountable objections to the treatment regimen. At this point in the partnership, the clinician and patient must negotiate a mutually acceptable therapeutic plan.

As part of this negotiation, a second interview should take place, the purpose of which is to determine what type of individual the patient is and how the therapeutic regimen can best be tailored to this unique patient.⁹ This "compliance-oriented history" is meant to uncover the patient's prior experiences and present health beliefs. A sample set of questions for such an interview is as follows: (1) How important is your health to you? (2) Do you agree with my diagnosis of asthma? (3) How serious do you feel your asthma is? (4) Do you think that the program of medicines and lifestyle changes I am recommending will work? (5) Are you concerned about the possible side effects of the medicines? and (6) Do you think you will be able to do the things I'm asking of you?⁹ The answers to these key questions will tell the physician about the existence of barriers to the patient's adherence to the regimen and may provide the basis for a renegotiation of the regimen itself. If the patient cannot accept the regimen proposed by the physician, what parts of it might he or she accept? In many cases, the patient's responses form the basis of a brief teaching session in which the physician attempts to persuade the

patient to change his or her mind about incorrect health beliefs. For example, if the patient believes that bronchodilator aerosols are addictive and must be avoided, the physician can cite evidence in simple terms to counter that belief.

As the patient negotiates with the physician about the final therapeutic regimen, the fact that the patient is being given an active role in the decision-making process is likely to be very powerful in promoting the patient's adherence to the regimen. The physician should explicitly ask the patient what his or her goals are with asthma therapy.¹ If the physician can accept the patient's goals, the clear purpose of the partnership has been delineated; however, if the physician thinks that the patient's goals are too modest, education should be used as a tool to explore alternative goals. This process has been called "the model of mutual participation."¹⁰ It is characterized by high degrees of empathy and recognition of the patient's individual needs. In the final analysis, the patient's goals will be the more important because they will determine how cooperative he or she will be during independent self-management.

The establishment of partnership is moving along well at this point, but partnership is a continuing process. The physician needs to provide education in installments, with further information, reinforcement, and repetition during future visits. The patient who is an active participant is more likely to adhere to the treatment plan in daily life, a sign of successful partnership.

At the end of the first visit, the physician should finish giving the patient oral instructions in lay language and either the physician or the patient should immediately write down the daily treatment plan as well as a plan for how to deal with any unforeseen emergencies.^{11, 12} This type of patient teaching can actually save the physician time by decreasing unnecessary telephone calls.¹¹ An excellent way to promote adherence at this stage of partnership is to ask the patient's permission to present the final regimen to the patient's spouse or other important person in his or her life.¹⁰ The strategy is to encourage the family to support patient adherence to asthma therapy. This social support was considered a crucial element in asthma self-management by Bailey

and associates,¹³ who asked each of their adult patients with asthma to identify an “asthma control partner” as a means to promote adherence through social support.

The final step in establishing partnership with the patient with asthma is to maintain the relationship during long-term follow-up care. Research has shown that adherence-promoting activities must be ongoing and that their benefits fall off predictably if reinforcement ends.¹⁴ During follow-up visits with patients with asthma, the clinician should ask certain compliance-promoting questions in addition to the usual medical questions.¹⁵ The question “What is your biggest worry about asthma?” will often yield responses that uncover a potential problem with adherence. The problem should be dealt with by more education from the clinician or renegotiation.

Another question that should be asked frequently is “Do you have any concerns about your medicines?” As described by Evans,¹⁵ these questions relieve anxiety, correct beliefs that might interfere with adherence, and help the clinician suggest practical solutions to the patient’s difficulties in carrying out the treatment plan. The patient’s goals for therapy should be revisited often: “Are you satisfied with the control of your asthma symptoms?” Goals can be renegotiated at any time, and changes in the treatment plan can be made. When such changes are made, they should be conveyed to all concerned parties—the patient’s family, the school nurse for children, and the outpatient facility nurse. Finally, the clinician should promote the patient’s sense of accomplishment when therapy is going well and when the patient is maintaining self-management skills. This strategy is known as “positive feedback by social praise,”¹⁵ and it is important for maintaining the partnership.

The role of the outpatient facility nurse in establishing partnership

The nurse who is dedicated to providing care for patients with asthma can play many different roles. Some nurses become specialized as nurse educators who spend most of their time in activities designed to promote maximal patient adherence to the therapeutic plan. Even nurses who are not dedicated full-time to this type of teaching will inevitably spend a substantial portion of each work day teaching patients about their asthma and the skills they need to carry out self-management.

In this section, we will describe a role for the asthma/allergy outpatient nurse that we believe promotes overall patient adherence.¹⁶⁻¹⁸ The nurse should work with the outpatient facility or office manager to see that all personnel have a friendly, warm attitude toward patients that promotes positive feelings toward the healthcare facility. An excellent method for using the skill of the clinic nurse to promote adherence is to allow the nurse to take an assessment history and update the medication history during the preparation of the patient for the visit. In this way, the nurse is continually updated on any changes that have taken place in the goals of therapy. If

the patient admits to problems in adhering to the regimen, the nurse who is conscious of promoting adherence can offer advice on practical ways of improving compliance and inform the physician about any potential barriers. The nurse can also foster adherence by teaching patients how to use a peak flow meter and can measure either peak flow or spirometry at most clinic visits.

After the patient with asthma has been seen by the physician, the physician should communicate any changes in plan to the nurse and ask the nurse to teach the patient whatever skill needs repetition and supervised practice. The nurse can tailor the education plan to the patient’s needs. In many healthcare delivery settings, a partnership between the physician and the nurse can allow the well-trained asthma nurse to answer a patient’s questions by telephone in between visits. This type of relationship with the nurse promotes the patient’s confidence in the treatment plan and leads to increased trust in the nurse. The nurse will often observe as the patient goes through the steps of using a metered-dose inhaler and will offer immediate feedback to improve technique. This skill, and others, should be reinforced whenever possible through verbal or written information provided by the nurse. Partridge¹⁹ believes that asthma education materials should be available in different formats. Group education may be of benefit with consideration given to cultural and socioeconomic factors. Education can be supplemented with pamphlets and other literature placed in waiting rooms. Video displays can be useful, and children may learn from comic books about asthma that are placed in pediatric waiting areas.

Aside from educational interventions, nurses can promote compliance by repeating similar efforts made by physicians. During each visit, the nurse can promote and support the concept of self-care by the patient by praising the patient’s efforts in this area, identifying any barriers that the patient may feel will interfere with compliance, and alleviating patient anxiety about drug side effects. The nurse can also help connect the patient to other types of services or healthcare workers (e.g., social workers, community nurses, pulmonary programs of home healthcare agencies, support groups).

The logical extension of partnership: teamwork

An ideal in patient care is the use of a coordinated team to help the patient adhere to treatment. In the case of a child with asthma, such a team might include the patient, physician, outpatient nurse, school nurse, physical education instructor, pharmacist, health educator, and the patient’s family. One of the obvious challenges in such an approach is communication and coordination among team members. Providing appropriate care for the child with asthma during school hours is difficult and often falls far short of the ideal, but it is crucial for the well-being of these children that we find a way to promote adherence to their asthma regimen at school.

In the case of adults, it is advisable to include a family member and sometimes the employer on the team. After

asking and gaining the patient's permission, the physician can present the asthma treatment plan to them so that they may help the patient with adherence.

CONCLUSIONS

Partnership is a therapeutic relationship between the patient with asthma and a healthcare provider in which the patient is given necessary support to carry out asthma self-management. Allowing the patient to become an active participant in the development of an asthma plan can assist the physician and the nurse in identifying potential barriers to adherence to therapy. In large part, the current state of partnership is the result of research in psychosocial studies during the last 20 years that has helped promote new attitudes among healthcare workers. These attitudes can transform the clinician-patient relationship into one that fosters better healthcare for the patient with asthma through better adherence to effective therapies.

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