Analysis of Communication Best Practices in Telehealth

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Objectives

• Identify common approaches to communication research in telehealth

• Summarize past communication research in heart failure & CCHT, especially in the VA

• Provide examples of communication research methods that expand interpretation of provider-patient communication in heart failure decision making and telehealth
VA Care Coordination: Home Telehealth (CCHT)

Home Telehealth
For veterans who have a health problem like diabetes, chronic heart failure, chronic obstructive pulmonary disease (COPD), depression or post-traumatic stress disorder, getting treatment can be complex and inconvenient.

For some, especially older veterans, conditions like these can make it difficult for them to remain living independently in their own home and make it necessary for them to go into a nursing home where their symptoms and vital signs (pulse, weight, temperature etc) can be checked frequently. Having this information means physicians and nurses can change medications or other treatments and prevent serious health problems from developing.

Now there are new technologies that make it possible to check on symptoms and measure vital signs in the home. Special devices (home telehealth) can do this and are easy to use. Home telehealth can connect a veteran to a VA hospital from home using regular telephone lines.

VA has found that not every patient is suitable for this kind of care. But, for those that are CCHT can help them to remain at home and live independently.

Taken from VA Services:
CCHT

- Not just technology
- Self-monitoring
- Nurse care coordination
- Access to electronic medical records
- Provider access & health system support
- Medication reconciliation
Why Heart Failure & Communication?

- Over 5.8 million people in the United States have heart failure.
- About 670,000 people are diagnosed with HF each year.
- In 2010, HF will cost the United States $39.2 billion.

Almost 1/3 of HF patients are readmitted in 30 days.

Ref: CDC, 2010

Source: CDC Chronic Disease Indicators.
Defining Health Communication

- Therapeutic Communication: Health Advice
- Message Transmission: Health Facts
- Relationship Building: Health Partnerships
- Persuasion: Health Behavior Change
- Speaking practices
- Cultural habitus
- Social Contexts
- Preferences
- Emotions
- Power
- Attitudes
- Tone

Often Missing in Telehealth Research
Most Common Communication Research Approaches in Health Care (Kasch, 1984)

- Functional (Tasks: Intentional, asymmetric)
- Instructional (Content: Transmit information)
- Regulative (Manage patient behavior)
- Relational (Gain compliance, persuade)
- Identity management (Changing how people see themselves in relation to their disease or disability)
Common Health Communication Research Methods

- Functional = Content analysis (what is said & what people understood)
- Instructional = Rating scales, surveys
- Regulative = Participant observation & records
- Relational = Qualitative (Feelings, perceptions)
- Identity management = Satisfaction measures, health status assessments, attitudes, media campaigns
Where is Patient-Centeredness & Shared Decision Making in Common Telehealth Communication Approaches?

• More than .... activation
   .... intentions
   .... motivation
   .... tactics

Where is the Talk … the process of communication?
Usual Studies in CCHT: Assesses Communication

- Chumbler et al. (2004, 2005): Outcomes, QOL
- Botsis et al. (2008): Satisfaction, costs, use of services, time
- Mkanta et al. (2007). HRQOL
- Lutz et al. (2007) Qualitative analysis/ Stroke: effects of disease, roles, responsibilities
Telemedicine & CCHT Communication Studies

• Fincher et al (2009) Satisfaction scale
• LaFramboise et al. (2009). Patient perceptions.

• Where are the studies of the interpersonal process or communication practices in telehealth?
• Where is the link between communication practices and patient outcomes?
Alternative Communication

Process Research Methods

- Narrative analysis: Explanatory models
- Speech acts: Meanings, practices
- Interaction analysis: RIAS (Roter)
- Discourse analysis (How things are said, variations, markers of intention, inference)
- Conversation analysis (sequences, turn-taking, interruptions)
- Stance analysis (positions people take in talk, agency, uncertainty, identities)
Alternative Approaches Reported

• *Wakefield et al. (2008)**. *Communication Profiles in CCHT*, comparing video and telephonic modes

• *Sävenstedt et al. (2005)*. Conversation analysis; joint attention in talk
Research Team for Communication Studies: 
Charlene Pope, PI; 
Co-Investigators: 
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Communication in CHF Care 
Coordination in Home Telehealth (CCHT) Implementation
Study goals and objectives

• To categorize quality of communication and shared decision making that characterizes interactions between 50 Veterans with CHF and their nurse care coordinators

• To link communication patterns during typical problem-initiated, Veteran-nurse CCHT interactions with specific CHF quality of life and quality of care outcomes
Methodological Approach to Cognitive Mapping

Application of CPIDR to spoken text discussion about the map for idea density, word frequency, & propositional density
Discourse Trends: Concurrent Study

- “I am a diabetic”
- “I have diabetes”
- “I suffer from diabetes”
- “I have a little sugar”
- “They say I have diabetes”
Discourse Trends: Denial, Ownership, & Agency in HF

- Of 50 patients interviewed, few has said “I have congestive, chronic or heart failure”
  
  - What does it mean to not name the disease? Or… “My heart condition…”

- “I have been living with heart failure”

- “They say I have congestive heart failure”
Stance Analysis

- Personalization & Agency
- Elaboration & Affect
- Opinions & Information
- Rationale & Intentions

The four dimensions for this interview set can be considered the major themes, as follows:

Co-investigator: Dr. Boyd Davis, University of North Carolina at Charlotte with Dr. Peyton Mason, Next Generation Marketing Insights
Triangulating Talk with Outcomes

Patient Agenda

1. Open-ended questions need decisions and problem-solving
   - Brief or hurried initiation without s
   - Establishes social engagement
   - Acknowledges past interaction
   - Asks open-ended question re status (beyond “how are you”)
   - Identifies the Veteran’s needs or agenda first: give ½ point if this is done later in talk

2. Explain the clinical issue or problem and nature of the decision/s involved
   - No Evidence
   - CCHT nurse gives a cursory, hurried, unclear, rushed explanation, or long confusing lecture or responds to only part of patient description
   - Clearly explains his/her (CCHT nurse) view of the medical/clinical problem

3. Discussion of the uncertainties associated with the situation
   - No evidence
   - CCHT nurse acknowledges uncertainty or only does with active patient prompting
   - CCHT nurse thoroughly explains uncertainties in the decisions to be made, problem or treatment

Uncertainties

4. Clarification of Agreement about current problem, potential decisions or priorities
   - No Evidence
   - Patient expressed passive assent
   - CCHT nurse actively asks for/obtains patient agreement and tries to obtain a commitment from the patient to the plan for problem-solving or the treatment plan

5. Examine Barriers to Follow-Through for Problem Solving or Treatment Plan
   - No Evidence
   - Patient discloses concern or problem
   - CCHT nurse actively explores issues that may affect decision making
   - CCHT nurse actively explores patient’s concerns or barriers facing problem solving or following through with potential treatment plan

Barriers

6. CCHT Nurse Gives Patient Opportunity to Ask Questions and Checks Patient Understanding of the Plan for Problem Solving or Final Treatment Plan
   - No opportunity for PT to ask questions
   - PT has opportunity to ask questions
   - CCHT Nurse asks patients for their understanding of problem or plan and responds to questions and concerns medically

7. CCHT Nurse’s medical language matches patient’s level of understanding
   - No evidence
   - No evidence
   - No evidence

Teach Back

8. CCHT Nurse asks, “Any Questions?”
   - Yes but no discussion on...

Open-ended questions

Re-Admissions in Target Year

- Did your heart failure prevent you from living as you wanted during...
- The past month (4 weeks)...
- Making your working around the house...
- Making your leaving your home...
- Making your sleeping well at night...
- Making your years relating to doing things...
- Making your sexual activities difficult...
- Making you feel less of the food you eat...
- Making you feel short of breath...
- Making you feel tired, fatigued, or low on energy...
- Making you feel a burden to your family or friends...
- Making you feel a loss of self-control...
- Making you worry...
- Making it difficult for you to concentrate...
- Making you feel depressed...
- Making you feel stressed...
- Making you feel angry...
- Making you feel anxious...
- Making you feel sad...
Implications for Practice

• Patterns of best practices in communication about chronic disease self-management

• Patient playback reflecting on recorded interactions

• Standards for Telehealth evaluation and communication training:
  – Where are the Evidence-Based Communication courses, training & criteria for monitoring quality?