Cultural Competency, Health Literacy, and Caring for Seniors & Persons with Disabilities

Provider Resources

Member Eligibility

CenCal Health is a State contracted Medi-Cal Managed Care plan which Provides payment for its members in San Luis Obispo and Santa Barbara counties. If a member resides in a different county they may be eligible with another County Managed Care plan. Please check with the Managed Care plan in the county the member resides in for eligibility and guidelines.

The Department of Social Services (DSS) determines eligibility for CenCal Health members. AIM Members eligibility is determined by the designated AIM Program vendor.

SBHI and SLOHI are our two Medi-Cal Plans. Another smaller program administered by CenCal Health is AIM, serving Mothers and Infants during pregnancy up to 60 days after the birth.

Eligibility and PCP Assignment

Eligibility can change from month-to-month. Although CenCal Health members are issued ID cards, providers are responsible for verifying member eligibility on the day of service and prior to providing care

PCP Selection, Assignment, and Change

At the time of enrollment, new members are encouraged to select a PCP. When this does not happen, CenCal Health will automatically assign a PCP following an assignment algorithm that takes into account the members place of residence, primary spoken language, and other similar factors. CenCal Health members who are auto-assigned to a PCP may select another PCP at any time. All members may change PCP, to a PCP of their choosing and who is accepting new patients. In most cases, PCP changes will be effective on the first day of the following month.

Newborn Coverage

For the Managed Medi-Cal program, newborns are covered for eligible services under their mother's membership during the month of birth and the month following. All other programs cover newborns for only 30 days following birth.

Medi-Cal Benefits Identification Card & CenCal Health Cards

The identification number printed on the members Medi-Cal BIC Card up to the alfa character is identical to the number printed on the members CenCal membership card. This membership card should be used to determine a member's eligibility and we recommend making a copy for your patient records.

STATE OF CALIFORNIA
BENEFITS IDENTIFICATION CARD
ID No. 01234567A95052
JOHN Q RECIPIENT
M 05 20 1991 Issue Date 05 24 16

CenCalHEALTH
4050 Calle Real
Santa Barbara, CA 93110
Toll Free 1 (877) 814-1861
CenCalHealth.org

Group
110 SB HEALTH INITIATIVE

Member Name
JENNY JACKOB

Member ID Number
900000000F

Primary Care Provider
Dr. Jones
805-967-5309

Nurse Advice Line (24/7)
1-800-524-5222

PCN: ASPROD1

GROUP: CEN

BIN:003585

Covered Benefits and Services

"Covered Services" refers to those medically necessary items and services available to a member through CenCal Health's Medi-Cal program. These services include Medi-Cal covered services and optional Medi-Cal services administered by CenCal Health, as well as Medi-Cal covered services not administered by CenCal Health.

Medi-Cal Covered Services Administered by CenCal Health

Medi-Cal Covered Services administered by CenCal Health include, but are not limited to, the following:

- Physician services
- Hospital inpatient and outpatient services
- Whole Child Model (WCM) and California Children's Services (CCS)
- Emergency care services
- Health education programs
- Home healthcare
- Maternity care services
- Family planning
- Lab tests and X-rays
- Prenatal care
- Immunizations
- Durable medical equipment
- Medical supplies
- Prosthetics and orthotics
- Pediatric preventive services (CenCal Health CHDP Program)
- Immunizations
- Prescription drugs
- Transportation — emergency
- Transportation — non-emergency medical transportation services
- Hospice
- Long-term care and skilled nursing care services
- Physical therapy/occupational therapy
- Vision services
- Mental health services

CenCal Health Member Rights and Responsibilities

CenCal Health members have these rights:

- To be treated with respect, giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information.
- To be provided with information about the plan and its services, including Covered Services.
- To be able to choose a primary care provider within CenCal Health's network.
- To participate in decision making regarding your own health care, including the right to refuse treatment.
- To voice grievances, either verbally or in writing, about the organization or the care received.
- To receive care coordination.
- To request an appeal of decisions to deny, defer or limit services or benefits.
- To receive oral interpretation services for their language.
- To receive free legal help at your local legal aid office or other groups.
- To formulate advance directives.
- To request a State Hearing, including information on the circumstances under which an expedited hearing is possible.
- To access Minor Consent Services.
- To receive written member-informing materials in alternative formats (such as braille, large-size print and audio format) upon request and in a timely fashion appropriate for the format being requested and in accordance with Welfare & Institutions Code Section 14182 (b)(12).
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.

- To receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand.
- To have access to and receive a copy of your medical records, and request that they be amended or corrected, as specified in 45 Code of Federal Regulations §164.524 and 164.526.
- Freedom to exercise these rights without adversely affecting how you are treated by CenCal Health, your providers or the State.
- To have access to family planning services, Freestanding Birth Centers, Federally Qualified Health Centers, Indian Health Service Facilities, midwifery services, Rural Health Centers, sexually transmitted disease services and Emergency Services outside CenCal Health's network pursuant to the federal law.

Non-Emergency Medical Transportation Services & Non-Medical Transportation

Non-Emergency Medical Transportation (NEMT) services are accessible for members whose medical and physical condition is such that transport by ordinary means of public or private conveyance is medically contraindicated and specialized transportation is required for the purpose of obtaining needed medical care.

NEMT requires prior authorization (TAR). CenCal Health reviews the 'Physician Certification' form for medical necessity. This form can be filled and signed by the member's physician, dentist, podiatrist, physical or occupational therapist or mental health or substance use disorder provider.

Ventura Transit System (VTS) is CenCal Health's transportation vendor. To schedule transportation services, members or providers may contact VTS directly at (855) 659-4600. *Prior authorization is not required when it is medically necessary for a hospital discharge to a SNF, or for a transfer to another facility.*

The 'Physician Certification' form must include *at a minimum*, the following components:

a) **Functional Limitations:** The physician is required to provide the member's specific physical and medical limitations that preclude their ability to reasonably ambulate without assistance or be transported by public or private vehicles.
b) **Dates of Service:** The physician is required to provide start and end dates for the prescribed NEMT service; authorizations may be for a maximum of 12 months.
c) **Mode of Transportation:** The physician is required to list the mode of transportation to be used when receiving these services (ambulance, gurney/litter van, wheelchair van or air transport).
d) **Certification Statement:** The physician is required to certify that medical necessity criteria were met to determine the prescribed mode of transportation.

To view or print the 'Physician Certification' form, please go to www.cencalhealth.org.

Completed and signed Physician Certification forms should be submitted to CenCal Health, Utilization Management (UM) Department via fax or uploaded securely through the File Drop Link:

- CenCal Health UM Fax: 805-681-3071
- CenCal Health's Secure File Drop Link : https://transfer.cencalhealth.org/filedrop/hs

Health Education

CenCal Health members must be provided with health education services at no cost. Health education services include but are not limited to primary and obstetrical care, clinical preventive services, education and counseling, and patient education and clinical counseling. These services can be provided through:

- Individual classes

- Group classes
- Workshops
- Support groups
- Peer education programs
- Disease management programs

Educational materials Health education services may include:

- Educational interventions designed to help members to access appropriate care
- Educational interventions that cover behaviors such as:
    - Tobacco use and cessation
    - Alcohol and drug use
    - Injury prevention
    - HIV/STI prevention
    - Family planning
    - Immunizations
    - Dental care
    - Nutrition
    - Weight control and physical activity
    - Parenting

- Educational interventions designed to assist members to follow self-care regimens and treatment therapies for existing medical conditions, chronic disease, or health conditions including:
    - Pregnancy
    - Asthma
    - Diabetes
    - Substance abuse
    - Hypertension

Visit CenCal Health's website at https://www.cencalhealth.org/health-and-wellness/ to access the Health Education Library. Health education resources are available in CenCal Health's threshold languages (English, Chinese, Spanish, and Vietnamese).

Cultural and Linguistics Training

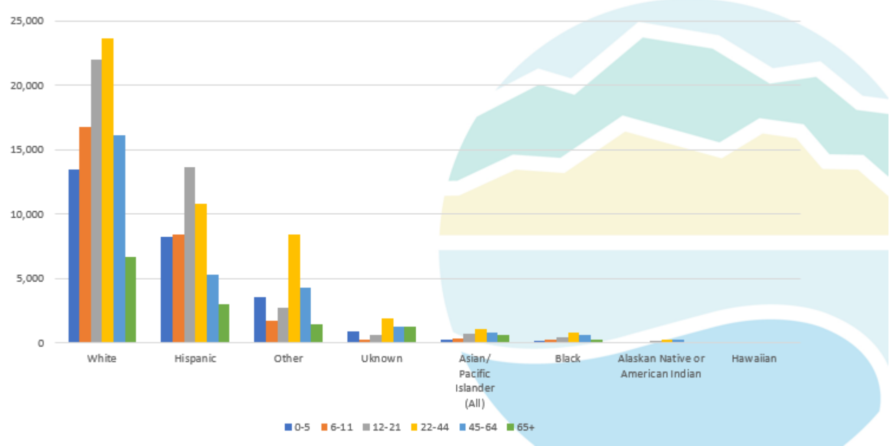
Professional interpreter services for medical encounters must be offered to CenCal Health non-English speaking or limited English proficient Medi-Cal members. Members have the right to receive oral interpreter services on a 24-hour basis at no cost to them. Interpreter services may be provided through an in-person interpreter or telephone language service.

Your medical group is required to provide this service to CenCal Health members. You must document a member's preferred language (if other than English) in the medical record. You must document the request and refusal of language/interpretation services in the member's medical record. You should discourage members from using friends, family and minors as interpreters.

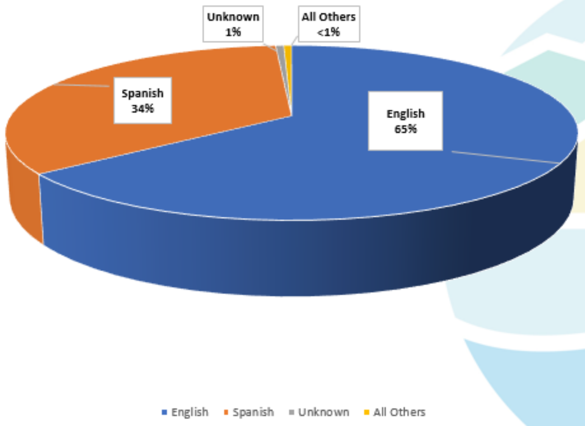
CenCal Health Membership Demographics

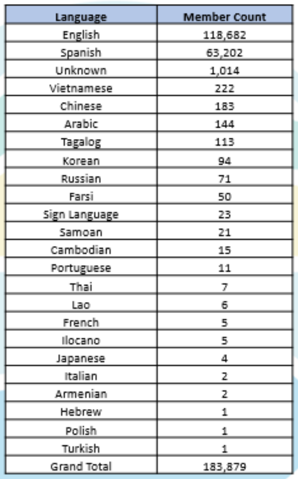
CenCal Health members come from many racial/ethnic groups. Nearly half of CenCal Health members have Limited English Proficiency (LEP)

CenCal Health Members by Race/Ethnicity



CenCal Health Members Preferred Language





Language	Member Count
English	118,682
Spanish	63,202
Unknown	1,014
Vietnamese	222
Chinese	183
Arabic	144
Tagalog	113
Korean	94
Russian	71
Farsi	50
Sign Language	23
Samoan	21
Cambodian	15
Portuguese	11
Thai	7
Lao	6
French	5
Ilocano	5
Japanese	4
Italian	2
Armenian	2
Hebrew	1
Polish	1
Turkish	1
Grand Total	183,879

Linguistic Services Terms

- **Limited English Proficient (LEP)**: When an individual cannot speak, read, write, or understand the English language at a level that permits him or her to interact effectively with clinical or non-clinical staff in a health care setting.
- **Language Access Services**: Language access services is the collective name for any service that helps an LEP patient obtain the same access to and understanding of health care as an English speaker would have. This can include the use of bilingual staff and interpreters. It also includes the provision of translated documents.
- **Interpretation**: The process of understanding and analyzing a spoken or signed message and re-expressing that message faithfully, accurately and objectively in another language, taking the cultural and social context into account.
- **Translation**: The conversion of a written text into a corresponding written text in a different language.

Why is Linguistic Access Important?

Accurate communication between patient and health care provider is essential for proper diagnosis, treatment, and patient compliance. It also:

- Helps reduce health disparities
- Helps improve quality of care and patient satisfaction

- Makes business sense
- Is important for compliance with federal and state requirements

Linguistic Access Reduces Health Disparities. Patients with language barriers:

- Experience more outpatient drug complications,
- Experience an increase in other medical problems and lower medication compliance,
- More likelihood of serious side effects
- More likelihood of unnecessary and invasive tests

Business Value Linguistic Access

- Reduce medical errors
- Increase patient satisfaction
- Increase compliance
- Decrease costs for diagnostic testing
- Reduce unnecessary admissions
- More efficient member interactions
- Better community relations

Regulations Mandating the Use of Interpreters for LEP Patients

Federal

- Title VI of the Civil Rights Act of 1964
- EMTALA
- Hill-Burton Act
- Executive Order 13166
- CMS

State

- DMHC, SB853
- DHCS (Medi-Cal)

Interpreter Services & Requirements

CenCal Health believes in the importance of providing services in the language of choice for our membership. We recognize the importance of clear communication with your patients and committed to assisting you through telephonic, face-to-face, and video remote interpreter services, and is free of charge to our eligible CenCal Health members. Please reference our website for resource guides and resources at https://www.cencalhealth.org/providers/cultural-linguistic-resources/

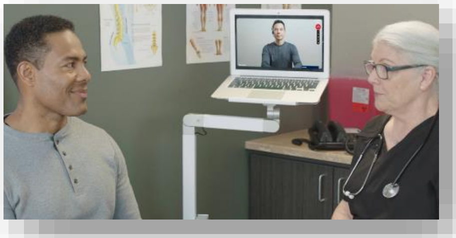
Interpreter Tips

- Interpreter services must be available 24/7 at no charge to patient
- The following should be documented in the medical record:
    - Patient's preferred language
    - Patient's refusal of interpreter services
- Discourage the use of friends, family members, or minors as interpreters (unless specifically requested by the member after being offered professional interpreter services at no charge)
- Patients have the right to file grievances or complaints if linguistic needs are not met
- Interpreters and bilingual staff should be qualified (assessed for language capacity)
- Train providers and office staff about linguistic access and cultural awareness

Telephonic Interpreter Service

From the moment you place a request with a Certified Language Interpreter (CLI) operator, you are immediately connected to a professional interpreter. Please follow these easy steps to connect to a telephonic interpreter in more than 200 languages.

Video Remote Interpreting (VRI) Services



Providers should continue to use the telephonic interpreting whenever possible, and Primary Care Providers should continue to supply their own spanish interpreter, except if they do not offer it for urgent needs. Providers will need to supply their own device (laptop, tablet, phone, etc.) for this service and not utilize a members phone.

Online Access Link: cencalhp.cli-video.com
Provider Access Code: 48cencalhp

Asking about Language Preference

How you ask a patient about his or her language will affect the response you receive:

✗

You won't need an interpreter, will you?"

Asking the question this way discourages the patient, or the person who is making the appointment, from asking for the language assistance that he or she may need.

!

"What language do you speak at home?"

This question will get you information about the patient's home language, but ignores the possibility that the patient may be bilingual in English as well.

✓

"Will an interpreter be needed? In what language?"

Patients may say no because they believe they have to either bring their own interpreter or have a family member interpret.

"In what language do you prefer to receive your health care?"

Asking the question this way will provide you information on the language the patient feels he or she needs to speak in a health-related conversation.

If the answer is a language other than English, you can plan to have language assistance available for the patient, and you should add this information to the record.

Best Practices for Providing Interpreter Services

Avoid using family, friends or minors as interpreters

- They may withhold information from patient from embarrassment, protection, emotional involvement
- May have their own agenda
- Children: parent disempowerment, role reversal
- Can cause guilt & trauma
- May not be familiar with medical vocabulary
- Serious mistakes can occur

Documenting Language Preference

It is important to record information on interpreter needs and language preference in the patients' medical record.

Basic: Add a color or letter code to the patient's chart, noting that he or she needs an interpreter. Designate a code or color for each language.

Better: Add the information under "Notes" in a patient's entry in your patient database, so that when a receptionist calls up the patient's record to make an appointment, the information about the need for an interpreter and the language can be noted as well.

Best: Add a question on your patient registration form or in your practice management system. Not only will you know when a patient is scheduled that he or she will need an interpreter, you will also be able to track how many patients you have who speak a particular language and how often they are seen.

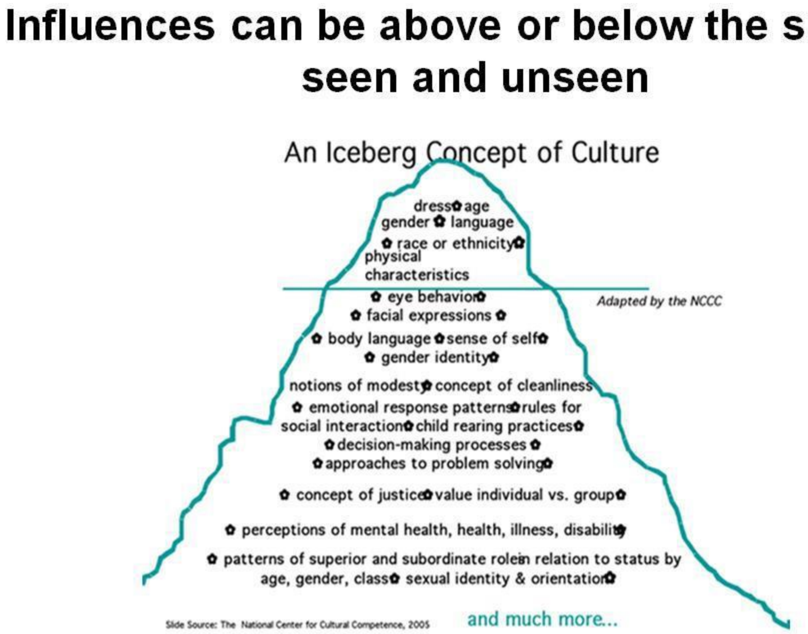
Working with Interpreters by Phone

- When working with an interpreter over the phone, many of the principles of on-site interpreting apply. The only additional thing to remember is that the interpreter is "blind" to the visual cues in the room.
- When the interpreter comes onto the line, let the interpreter know who you are, who else is in the room, what sort of office practice this is, what sort of appointment this is.
- For example, "Hello interpreter, this is Dr. Jameson. I have Mrs. Dominguez and her adult daughter here for Mrs. Dominguez' annual exam."
- Give the interpreter the opportunity to quickly introduce him/herself to the patient.
- If you point to a chart, a drawing, a body part or a piece of equipment, verbalize what you are pointing to as you do it.

What is Culture?

Culture consists of a body of learned beliefs, traditions, and guides for behaving and interpreting behavior that is shared among members of a particular group, and that group members use to interpret their experiences of the world.

- <u>Cultural awareness</u> is being cognizant, observant, and conscious of similarities and differences among and between cultural groups.
- <u>Cultural and linguistic competence</u> is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that **enables effective work** in cross-cultural situations.
- <u>Cultural humility</u> is a commitment and active engagement in a **lifelong process** that individuals enter into on an ongoing basis with patients, communities, colleagues, and with themselves.



Influences can be above or below the surface, seen and unseen

Slide Source: The National Center for Cultural Competence, 2005

What is Cultural Competence in Health Care?

- Recognition that people of different cultures have different ways of communicating, behaving, interpreting, and problem-solving.
- Recognition that cultural beliefs impact patient's health beliefs, help-seeking activities, interactions with health care professionals, health care practices, and health care outcomes, including adherence to prescribed regimens.

Tips for Cross Cultural Communication

- **Respect Diversity**
  - Recognizing what you have in common with others
  - Accepting different customs, values, perspectives
  - Avoiding stereotypes and assumptions
- **Communicate Clearly**
  - Speaking clearly and effectively
  - Addressing language barriers - using interpreter svcs
  - Working with patients with limited literacy skills
- **Understand Differences**
  - Understanding customs and values that can lead to tension
  - Knowing yourself and your own cultural perspectives
  - Learning about others and their cultural perspectives
- **Engage the Individual**
  - Working with people with different cultural perspectives
  - Negotiating differences across cultures

Source: QualityInteractions

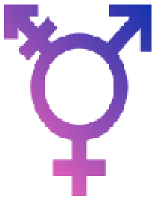
Caring for LGBTQ+ Communities

- CenCal Health members have diverse sexual orientations
    - Identify your own LGBTQ+ perceptions and biases as a first step in providing the best quality care.
    - Many LGBTQ+ people do not disclose their sexual orientation or gender identity because they don't feel comfortable or they fear receiving substandard care.
- CenCal Health members have diverse gender identities
    - Cisgender – people whose gender identity and gender expression align with their assigned sex at birth
    - Transgender – people whose gender identity and/or gender expression differs from their assigned sex at birth (people may or may not choose to alter their bodies hormonally and/or surgically)

Source: Fenway Health

Tips for Working with Transgender Patients

- Treat transgender people as you would want to be treated.
- Always refer to transgender people by the name and pronoun that corresponds to their gender identity.
- If you are unsure about the person's gender identity, ask:
    - *"How would you like to be addressed?"*
    - *"What name would you like to be called?"*
- Focus on care rather than indulging in questions out of curiosity.
- The presence of a transgender person in your treatment room is not an appropriate "training opportunity" for other health care providers.
- It is inappropriate to ask transgender patients about their genital status if it is unrelated to their care.
- Never disclose a person's transgender status to anyone who does not explicitly need information for care.



Source: Transgender Law Center

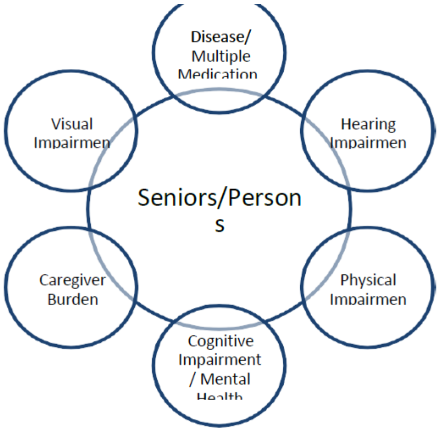
Caring for Seniors and Persons with Disabilities (SPDs)

- Meeting the individual accommodation needs of SPDs to the extent possible ensures the following:
    - The practice provides appropriate and effective care
    - Compliance with the federal Americans with Disabilities Act (ADA) and Section 504 of the 1973 Rehabilitation Act.
    - The ADA and Section 504 require that healthcare services provide certain accommodations that ensure equitable and non-discriminatory access to care.
    - 70% of CenCal Health members with disabilities live with 2+ chronic conditions and 16% of these members have diabetes (compared with 7% in gen. pop.)
    - About 25% have 4+ chronic conditions
    - 30% of beneficiaries with disabilities receive treatment for mental health conditions annually

Accommodations: What Patients May Need

- Physical accessibility
- Effective communication
- Sign language interpreters, assistive listening devices, print materials in accessible formats
- Policy modification (for example, to allow more time for an office visit)
- Accessible medical equipment

Dimensions of Disability



Source: US Dept. of Health and Human Services, 2007

Examples of Preferred Terms

✓	✗
He had polio	He was stricken with or a victim of polio
A person who uses a wheelchair	Confined to a wheelchair, wheelchair-bound
She has a disability	She is crippled
A person with a spinal curvature	Hunchback, Humpback

Interacting with Seniors

- Avoid ageist assumptions when providing information and recommendations about care.
- Offer information in a clear, direct, and simple manner.
- Don’t assume limitations exist just based on age.
- Recognize the senior as the expert in their own life.

Quote from a senior activist: “*As Seniors we know our capabilities and energy are diminishing, but want to retain the right to limit ourselves when the time comes, and not have young people put those limitations on us, to make them feel better.*”

Interacting with People with Physical Disabilities

- Mobility and physical disabilities range from people who have mild to those with significant limitations.
- If shaking hands is appropriate, do so. People with limited hand use or who use prosthesis can usually shake hands. If people have no arms, lightly touch their shoulder.
- When speaking to a person using a wheelchair or scooter for more than a few minutes, try to find a seat or kneel so you are at the same eye level.
- Ask for permission before moving someone’s cane, crutches, walker, or wheelchair.

Interacting with People with Speech Disabilities

- Some (not all) people with limited speech have difficulty understanding what people say to them because of their disability, age, a hearing loss, cognitive difficulties and/or language differences.
- Don’t raise your voice. People with speech disabilities can hear you.
- Always repeat what the person tells you to confirm that you understood.
- Ask questions one at a time. Give individuals extra time to respond.

- Pay attention to pointing, gestures, nods, sounds, eye gaze, and blinks.
- If you have trouble understanding a person’s speech, it’s ok to ask them to repeat what they are saying, even three or four times. It is better for them to know that you do not understand, than to make an error.

Interacting with People with Cognitive, Intellectual, or Psychiatric Disabilities

- A cognitive, intellectual, or psychiatric disability can affect a person’s understanding, memory, language, judgment, learning and related information processing and communication functions. These disabilities include individuals with intellectual disabilities, head injury, strokes, autism, Alzheimer's disease, and emotional disabilities.
- Offer information in a clear, concise, concrete, and simple manner.
- If you are not being understood, modify your method of communicating. Use common words and simple sentences.
- Allow time for people to process your words, respond slowly, or in their own way.
- Make sure the person understands your message.

Interacting with People with Visual Disabilities

- People can have a range of visual disabilities, from having no vision to people who have low vision and may be able to read large print.
- When offering help, identify yourself and let people know you are speaking to them by gently touching their arm. If you leave people’s immediate area, tell them so they will not be talking to empty space.
- Speak directly facing the person. Your natural speaking tone is sufficient.
- When giving directions, be specific. Clock clues may be helpful, such as “the desk is at 6 o'clock.” When guiding a person through a doorway, let them know if the door opens in or out and to the right or to the left.

Need more information? Contact HealthEducation@cencalhealth.org

CLI INSTRUCTION CARD:
OVER-THE-PHONE INTERPRETING SERVICES

NEED AN INTERPRETER?

1. **DIAL 1-800-CALL-CLI (1-800-225-5254)**
2. When the operator answers, tell them:
    a. Your customer code is **48CEN**
    b. You are calling from **CenCal Health - Providers**
    c. The language you need
    d. Your **phone #, doctor's last name, NPI #, CenCal health member ID #** and **patient name**
    e. If you need a third-party dial-out
3. The operator will connect you promptly

CERTIFIED LANGUAGES
INTERNATIONAL

200+ Languages
24/7/365 Service
Direct Dial: 503-484-2425

Recommendations for Using an Over-the-Phone Interpreter

For Outbound Calls:

- If you need to reach a Limited English Proficient (LEP) at home or need a third-party dial-out, please first inform the CLI rep before the interpreter is connected.
- Once the interpreter is connected, you can tell the interpreter who to ask for (the LEP's name).
- At this time, you can also tell the interpreter how to proceed if the call goes to voicemail and what message to leave, if desired.

For Inbound Calls:

- Explain to the LEP that all info is confidential and encourage questions.
- Speak clearly.
- Smile and be kind; this helps the LEP feel more comfortable.
- If face-to-face and multiple people are in the room, speak one at a time.
- Speak freely; all CLI interpreters are sworn to confidentiality, neutrality, and the Interpreter Code of Professional Ethics.
- Encourage the interpreter to clarify terms with you if necessary.

CERTIFIED LANGUAGES
INTERNATIONAL

User Guide: Video Remote Interpreting Services

Your VRI web address: cencalhp.cli-video.com

Your VRI access code: 48cencalhp

Thank you for using CLI's video remote interpreting (VRI) solution.

Here are a few simple steps to connect with a video interpreter.

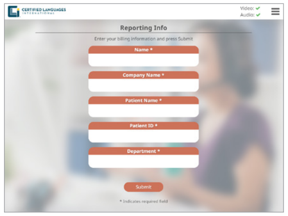
STEP 1

Make sure you are connected to the internet. Navigate to your VRI web address.

STEP 2

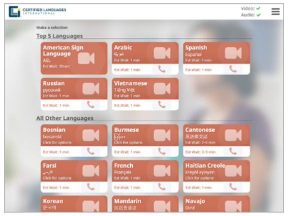
Enter your access code to sign in.

STEP 3



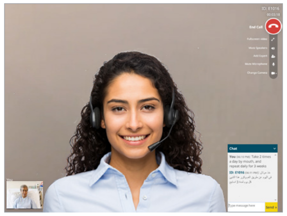
Enter the required information and press the "Submit" button.

STEP 4



Select the language you need to connect to an interpreter via video or audio.

STEP 5



Upon connection, an interpreter will appear on the video screen or connect via audio. Your session will now begin.

Tips for a Successful VRI Session

- Remember: Interpreters must interpret any and all words they hear.
- Patients and staff should not hold the video device.
- Speak directly to the patient – not to the interpreter.
- Use the chat box for written instructions.
- Focus the camera on the patient only. Position the camera angle in a way that maintains privacy for the patient at all times.
- When extra privacy is needed, select "Camera Off" under the video camera icon.
- In order to ensure a quality visual connection, make sure the patient is not backlit by a window or any other light source.
- Use the self-view screen in the lower left corner to ensure the interpreter can see the patient clearly; ask the interpreter to confirm that their visual connection is clear.
- After the interpreting session ends, rate your call to submit feedback on quality.

Troubleshooting Assistance

Internal IT Support:
24/7 Bluestream Tech Support:
929-373-7005

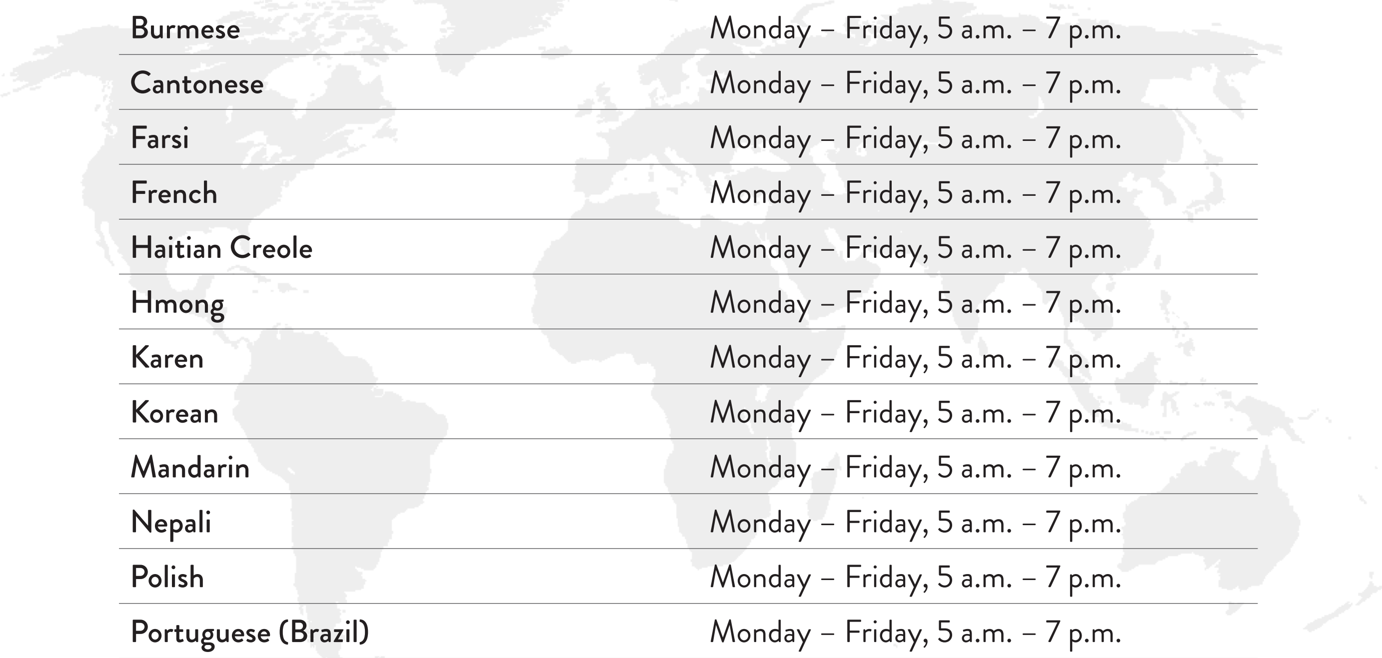
Tips: The VRI web platform is optimized for Chrome and Firefox (on PC devices) and for Safari (on Apple/iOS devices).

Please refer to CLI's VRI FAQs for more troubleshooting assistance.

Language List: Video Remote Interpreting (VRI)

CERTIFIED LANGUAGES
INTERNATIONAL

Speak any language in seconds



	Availability (Pacific Standard Time)
American Sign Language (ASL)	24/7/365
Spanish	24/7/365
Arabic	Monday – Friday, 5 a.m. – 7 p.m.
Bosnian	Monday – Friday, 5 a.m. – 7 p.m.
Burmese	Monday – Friday, 5 a.m. – 7 p.m.
Cantonese	Monday – Friday, 5 a.m. – 7 p.m.
Farsi	Monday – Friday, 5 a.m. – 7 p.m.
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Hmong	Monday – Friday, 5 a.m. – 7 p.m.
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Korean	Monday – Friday, 5 a.m. – 7 p.m.
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Somali	Monday – Friday, 5 a.m. – 7 p.m.
Swahili	Monday – Friday, 5 a.m. – 7 p.m.
Vietnamese	Monday – Friday, 5 a.m. – 7 p.m.

Interpretation Service Available

Member Point Chart

English Translation:
Point to your language. An interpreter will be called.
The interpreter is provided at no cost to you.

Arabic عربي

أشر إلى لغتك. وسوف يتم جلب مترجم فوري لك.
سيتم تأمين المترجم المذ آور مجانا.

Armenian Հայերէն

Ցոյց տուէք ո՞ր մէկ լեզուն կը խօսիք՝ Թարգմանիչ մը
կանչել կը տանք. Թարգմանիչը կը տրամադրուի անվճար.

Cantonese 廣東話

請指認您的語言，
以便為您提供免費的傳譯服務。

French Français

Pointez vers votre langue et on appellera un
interprète qui vous sera fourni gratuitement.

German Deutsch

Zeigen Sie auf Ihre Sprache. Ein Dolmetscher wird
gerufen. Der Dolmetscher ist für Sie kostenlos.

Hindi हिंदी

अपनी भाषा पर इंगित करें और एक दुभाषिया बुलाया जाएगा।
दुभाषिये का प्रबन्ध आप पर बिना किसी खर्च के किया जाता है।

Hmong Hmoob

Taw rau koj hom lus. Yuav hu rau ib tug neeg txhais lus.
Yuav muaj neeg txhais lus yam uas koj tsis tau them dab tsi.

Italian Italiano

Puntare sulla propria lingua. Un interprete sarà
chiamato. Il servizio è gratuito.

Japanese 日本語

あなたの話す言語を指して下さい。
無料で通訳を提供します。

Khmer (Cambodian) ខ្មែរ (កម្ពុជា)

សូមចង្អុលភាសាអ្នក។ យើងនឹងហៅអ្នកបកប្រែភាសាមកជូន។
អ្នកបកប្រែភាសានឹងជួយអ្នកដោយមិនគិតថ្លៃ។

Korean 한국어

귀하께서 사용하는 언어를 지적하시면 해당
언어 통역 서비스를 무료로 제공해 드립니다.

Laotian ພາສາລາວ

ຊີ້ບອກພາສາທີ່ເຈົ້າເວົ້າໄດ້. ພວກເຮົາຈະຕິດຕໍ່ນາຍພາສາໃຫ້.
ທ່ານບໍ່ຕ້ອງເສຍເງິນຄ່າແປໃຫ້ແກ່ນາຍແປພາສາ.

Mandarin 國語

請指認您的語言，
以便為您提供免費的口譯服務。

Polish Polski

Proszę wskazać swój język i wezwiemy
tłumacza. Tłumacza zapewnimy bezpłatnie.

Portuguese Português

Indique o seu idioma. Um intérprete será chamado.
A interpretação é fornecida sem qualquer custo para você.

Russian Русский

Укажите язык, на котором вы говорите. Вам вызовут
переводчика. Услуги переводчика предоставляются бесплатно.

Spanish Español

Señale su idioma y llamaremos a un intérprete.
El servicio es gratuito.

Tagalog Tagalog

Ituro po ang inyong wika.
Isang tagasalin ang ipagkakaloob nang libre sa inyo.

Thai ไทย

ช่วยชี้ที่ภาษาที่ท่านพูด แล้วเราจะจัดหาล่ามให้ท่าน
การใช้ล่ามไม่ต้องเสียค่าใช้จ่าย

Vietnamese Tiếng Việt

Hãy chỉ vào ngôn ngữ của quý vị. Một thông dịch viên sẽ được
gọi đến, quý vị sẽ không phải trả tiền cho thông dịch viên.

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Poster provided by Language Line Services ©2005 • 1 800 752-6096 • www.LanguageLine.com
Over-the-phone interpretation and document translation in more than 150 languages.

Member Rights & Responsibilities

A CenCal Health member, has many rights and responsibilities and CenCal Health provides for its membership a Grievance System to file complaints regarding language access.

A CenCal Health Member, Has the Right to:

- Receive information about the Health Plan, the providers and the health services available to you;
- Be treated with respect and dignity by your health care providers and Health Plan staff;
- Choose your Primary Care Provider (doctor) from our Provider Directory;
- Get appointments within a reasonable amount of time;
- Have the privacy and confidentiality of your records and your relationship with your doctor protected (this means we will not share your health care information without your written approval or unless it is required by law);
- Receive information about your medical condition in terms you can understand in order to participate in making decisions about your care with your health care provider;
- Have an open discussion of appropriate treatment options, including the right to refuse treatment for your condition, regardless of cost and benefit coverage;
- Make recommendations about the Health Plan's Rights and Responsibilities policies;
- Request a copy of your medical records and/or request a change or correction where legally appropriate;
- Obtain needed interpreter services at no charge when receiving covered medical services and to be able to file a complaint if your language needs are not met;
- Receive medical services from an Indian Health Clinic without approval from the Health Plan if you are a Native American Indian;
- File a complaint or appeal (by phone or in writing) about the Health Plan or health care provided;
- Receive member materials (letters, member handbook, provider directories and other important information) that have been translated into the threshold language. For CenCal Health those languages are Spanish and English;
- Receive and complete an advance directive. This means you can complete a form that lets you have a say about how you want to be treated if you get very sick. You will also be notified if there are any changes to this law;
- Freedom to exercise these rights without adversely (negatively) affecting how you are treated by the Health Plan, providers, or the State.

A CenCal Health Member, Has the Responsibility to:

- Learn how to use the Health Plan and provide the information to the Health Plan that is needed to give you the best care possible;
- Follow the instructions and treatment plan you have agreed on with your health care provider;
- Cooperate with your providers and treat your providers and Health Plan staff with courtesy and respect;
- Always present your member identification card when getting services;
- Help CenCal Health keep correct records by providing timely information regarding changes in address, family status, and other health care coverage;
- Notify CenCal Health as soon as possible if a provider bills you inappropriately;
- Understand your health problems and take part in making a treatment plan with your provider that you both agree on;
- Be on time for your appointments and inform the provider's office if you must cancel at least twenty-four (24) hours in advance;
- Call your Primary Care Provider first when needing medical care, except in an emergency;
- Follow the recommendations for preventive care, yearly check-ups and a healthy lifestyle.

How Members can File a Complaint/Appeal:

Call the Member Services Department at 877-814-1861. Or, if you cannot hear or speak well, please call California Relay at 711 or TTY: 1-833-556-2560

Sending your grievance/complaint in writing to:

CenCal Health
Attention: Member Services, Grievance Manager
4050 Calle Real
Santa Barbara, CA 93110

P PS MRR 0320 E

Communicate Clearly Tool 4

Overview

Using clear oral communication strategies can help your patients to better understand health information. Communicating clearly also helps patients to feel more involved in their health care and increases their likelihood of following through on their treatment plans.

Practice Experiences

Patients misunderstand health communications more often than clinicians might think. For example, one practice using Tool 4 shared a story of a clinician who told a patient that they could not use a local treatment to heal her wound. The patient thought she was going to have to travel to another city for care (instead of understanding that she could not use a topical treatment).

–Family practice facility

Actions

Use strategies for communicating clearly.

- **Greet patients warmly:** Receive everyone with a welcoming smile, and maintain a friendly attitude throughout the visit.
- **Make eye contact:** Make appropriate eye contact throughout the interaction. Refer to Tool 10: Consider Culture, Customs and Beliefs for further guidance on eye contact and culture.
- **Listen carefully:** Try not to interrupt patients when they are talking. Pay attention, and be responsive to the issues they raise and questions they ask.
- **Use plain, non-medical language:** Don’t use medical words. Use common words that you would use to explain medical information to your friends or family, such as stomach or belly instead of abdomen.
- **Use the patient’s words:** Take note of what words the patient uses to describe his or her illness and use them in your conversation.
- **Slow down:** Speak clearly and at a moderate pace.
- **Limit and repeat content:** Prioritize what needs to be discussed, and limit information to 3-5 key points and repeat them.
- **Be specific and concrete:** Don’t use vague and subjective terms that can be interpreted in different ways.
- **Show graphics:** Draw pictures, use illustrations, or demonstrate with 3-D models. All pictures and models should be simple, designed to demonstrate only the important concepts, without detailed anatomy.

- **Demonstrate how it's done.** Whether doing exercises or taking medicine, a demonstration of how to do something may be clearer than a verbal explanation.
- **Invite patient participation:** Encourage patients to ask questions and be involved in the conversation during visits and to be proactive in their health care.
- **Encourage questions:** Refer to Tool 14: Encourage Questions for guidance on how to encourage your patients to ask questions.
- **Apply teach-back:** Confirm patients understand what they need to know and do by asking them to teach back important information, such as directions. Refer to Tool 5: Use the Teach-Back Method for more guidance on how to use the teach-back method.

Help staff remember these strategies.

- Review these strategies with staff during staff meetings, and hang the Key Communication Strategies poster in non-patient areas (e.g., kitchen or conference room) as a reminder.

Track Your Progress

Before implementing this Tool, ask all staff to complete the brief Communication Self-Assessment after a few patient encounters. Calculate the percentage of staff who completed the self-assessment. One month after beginning implementation, complete another round of self-assessments and look for changes.

Before and after Tool implementation, ask a respected individual to conduct observations of clinician/staff interactions with patients. Use the Communication Observation Form to assess communication quality. Provide feedback to staff. Repeat this process routinely. Calculate the percentage of staff who have been observed once, and the percentage who have been observed more than once.

Before implementing the tool, collect patient feedback using the Brief Patient Feedback Form or the more comprehensive Health Literacy Patient Survey in Tool 17: Get Patient Feedback. Administer the questions 2, 6, and 12 months later, to determine if there has been improvement.

Resources

Health Literacy and Patient Safety: Help Patients Understand, by the American Medical Association, offers suggestions for improving oral communication and alternatives to complex medical words (pages 29-34). Once you link to the Web site, look for the Manual for Clinicians. Access to the manual is free, once you have created an account.

Etiquette Quick Tips
Interacting with People with Hearing Disabilities

People with Hearing Disabilities

Hearing loss falls along a continuum, from people who are totally deaf to many more who are hard of hearing and may or may not use a variety of sound amplification devices. Sometimes an individual's ability to speak is also affected.

- Ask people how they prefer to communicate.
- To get the attention of a person, lightly touch the individual or wave your hand. Look directly at the person and speak clearly, slowly and expressively to establish if the person can read your lips. Not all people can lip-read. For those who do, be sensitive to their needs by positioning yourself facing them and the light source. Keep your hands and food away from your mouth when speaking. Avoid chewing gum and smoking while speaking.
- Use a normal tone of voice unless you are asked to raise your voice. Shouting or exaggerating your words will be of no help.
- Slow your speaking rate if you tend to be a rapid speaker.
- Make sure you have good light on your face
- Do not run your words together.
- Avoid complex and long sentences.
- Pause between sentences to make sure you are understood.
- If you are giving specific information such as time, place, addresses, phone numbers, it is good practice to have it repeated back to you.
- If you cannot understand what is said, ask people to repeat it or write it down. Do not act as if you understand unless you do.

- If the person cannot lip read, try writing notes. Never assume that writing notes will be an effective way to communicate with all people who are deaf. Some may not be strong in written English, since ASL is their primary language, which is very different from English as a language.
- If a person who is deaf is using an interpreter, always speak directly to the person, not the interpreter.
- If you cannot make yourself understood try writing notes or drawing pictures.

Etiquette Quick Tips
Interacting with People with Physical Disabilities

People with Physical Disabilities

Mobility and physical disabilities also fall along a continuum, from people who have mild to significant limitations which can limit movement, strength, and endurance.

- If shaking hands is appropriate, do so. People with limited hand use or who use prosthesis can usually shake hands. If people have no arms, lightly touch their shoulder.
- Leaning or hanging onto a person's wheelchair is similar to leaning or hanging onto a person and is generally considered annoying. The chair is part of the personal body space of the person who uses it. Stand next to the person's wheelchair rather than lean or hold onto it.
- When pushing people using a wheelchair, let them know that you are ready to push. Be aware of the distance between the chair and other people to avoid clipping their heels. Avoid sudden turns of speed changes and carefully watch for changes in levels and pavement cracks and potholes. When moving up or down steps, steep ramps, or curbs, ask wheelchair users how they would like to proceed.
- When speaking to a person using a wheelchair or scooter for more than a few minutes, try to find a seat or kneel so the two of you are at the same eye level.
- When giving directions, consider and be specific about distance, weather conditions and barriers such as stairs, steep hill, ramps and construction areas.
- Ask for permission before moving someone's cane, crutches, walker, or wheelchair.

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Harris Family cdhp
Center for Disability and Health Policy

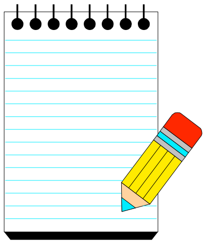
Etiquette Quick Tips

Interacting with People with Speech Disabilities

People with Speech Disabilities

There are people whose speech is difficult to understand. There are also people who are unable to speak so others can understand them. People unable to communicate using natural speech may use a variety of methods that allow them to communicate. Some (NOT ALL) people with limited speech also have difficulty understanding what people say to them because of their disability, age, a hearing loss, cognitive difficulties and/or language differences.

- Do not raise your voice. People with speech disabilities can hear you.
- Give individuals your full attention and take time to listen carefully.
- Always repeat what the person tells you to confirm that you understood.
- Ask questions one at a time.
- Give individuals extra time to respond.
- Take time to understand the message when a person is using a communication device such as a letter, a word board or a device that produces speech.
- Pay attention to pointing, gestures, nods, sounds, eye gaze and eye blinks
- Do not interrupt or finish individuals' sentences. If you have trouble understanding a person's speech do not be afraid to ask them to repeat what they are saying, even three or four times. It is better for them to know that you do not understand than to make an error.
- If you still cannot communicate, try using paper and pen or ask them to spell the message. Do not guess.
- Other strategies to try to help understand the communication include asking if they use a communication board or book or a speech generating device and if they have it with them and if there is someone who can help them communicate?



- Asking them to:
  "Show me how you say YES."
  "Show me how you say NO."
  "Show me how you point."
  Yes – 1 blink
  No – 2 blinks
  Help –3 blinks
- Teach people to indicate these phrases:
  "I don't know"
  "Please repeat"
  "I don't understand
- For phone calls try using the Speech-to-Speech Relay Service by calling 711a form of Relay Services that provide Communications Assistants (CAs) for people with speech disabilities. This includes those who use speech generating devices and who have difficulty being understood on the phone. CAs have strong language recognition skills and are trained individuals familiar with many different speech patterns. The CA makes the call and repeats the words exactly.
- Note that talking with an individual using an augmentative and alternative communication (AAC) system is often significantly slower than communicating through natural speech.
- Ask if it is alright for you to try a finish their sentences. Some people are ok with this and others find it annoying.
- Give people time to answer you and consider using open-ended questions. People who use AAC often must plan ahead for situations where there is a lot to communicate in a short time frame, such as giving a presentation during a staff meeting. Fortunately, today's AAC devices offer the option of preparing messages needed in advance of situations. With that in mind, it is extremely helpful for people who use AAC devices to know as far in advance as possible what topics, questions, or other communication expectations are coming up, allowing them to be as prepared as possible for these situations.

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Etiquette Quick Tips
Interacting with People with Visual Disabilities

People with Visual Disabilities

Visual disabilities, like hearing, fall along a continuum, from people who have no vision to people who have low vision and may be able to read large print.

- When offering help, identify yourself and let people know you are speaking to them by gently touching their arm. If you leave people’s immediate area, tell them so they will not be talking to empty space.
- Speak directly facing the person. Your voice will orient the person. Your natural speaking tone is sufficient.
- When giving directions, be specific and describe obstacles in the path of travel. Clock clues may be helpful, such as "the desk is at 6 o'clock." Avoid pointing or using vague terms like “that way.”
- Directions should be given for the way they are facing. For example, “the restroom stall is about 7 steps in front of you.”
- When serving as a guide, ask, "Would you like to take my left (or right) arm?" The movements of your arm will let them know what to expect. Never grab or pull people.
- When leading a person through a narrow space such as an aisle, put your arm they are holding on to behind your back as a signal that they should walk directly behind you. Give verbal instructions as well, such as “ we will be walking through a narrow row of chairs.”
- When guiding a person through a doorway, let them know if the door opens in or out and to the right or to the left.

- Before going up or down steps, come to a complete stop. Tell people the direction of the stairs (up or down) and the approximate number of steps. If a handrail is available, tell them where it is.
- People do use escalators, but may prefer elevators. Ask which they prefer and if they need any assistance.
- When showing a person to a chair, place their hand on the back of the chair. They usually will not need any more help in being seated.
- If a person is using a service animal, the animal's attention should not be sidetracked. It is important not to pet or speak to the animal.
- When making change, count dollar bills separately and identify each bill amount as you hand them back to the person i.e. five fives, three ones. This is not needed with coins, as coins are easier to identify by touch.
- Offer to read information like menus, labels, and statements to the person if alone or with other people who are unable to read. When reading information, ask if they would like the full document read or would like to choose specific headings to have read.
- Offer Braille materials if available but do not be surprised if people would rather have the material read to them. Many people who are blind do not read Braille.
- When offering information in alternative formats (Braille, large print, disks, audio) ask people what format works best for them.
- When to help in signing a document; ask if they want you to show them the location of the signature line.

A CLINICIAN'S HANDBOOK

Talking With Your Older Patient

* * *

NATIONAL INSTITUTE ON AGING
NATIONAL INSTITUTES OF HEALTH
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Contents

Foreword

Good communication is an important part of the healing process.

Studies find that effective physician-patient communication has specific benefits: patients are more likely to adhere to treatment and have better outcomes, they express greater satisfaction with their treatment, and they are less likely to bring malpractice suits.

Research also shows that good communication is a teachable skill. Medical students who receive communication training improve dramatically, not only in communicating with patients, but also in assessing and building relationships with them. Time management skills also get better. Interpersonal and communication skills are now a core competency identified by the Accreditation Council on Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS).

Learning effective communication techniques—and using them—may help you build more satisfying relationships with older patients and become even more skilled at managing their care.

Communicating with older patients involves special issues. For example:

- How can you effectively interact with patients facing multiple illnesses and/or hearing and vision impairments?
- What's the best way to approach sensitive topics such as driving privileges or assisted living?
- Are there ways to help older patients who are experiencing confusion or memory loss?

With questions like these in mind, the National Institute on Aging (NIA), part of the National Institutes of Health, developed this booklet.

Although referring to clinicians throughout the text, this booklet is intended for use by a range of professionals dealing directly with patients—physicians, physicians-in-training, nurse practitioners, nurses, physician assistants, and other health care professionals. The aim is to introduce and/or reinforce communication skills essential in caring for older patients and their families. *Talking With Your Older Patient: A Clinician's Handbook* offers practical techniques and approaches to help with diagnosis, promote treatment adherence, make more efficient use of clinicians' time, and increase patient and provider satisfaction.

Three points are important to remember:

- Stereotypes about aging and old age can lead patients and health professionals alike to dismiss or minimize problems as an inevitable part of aging. What we're learning from research is that aging alone does not cause illness and that growing older does not automatically mean having to live with pain and discomfort.
- Many of this booklet's suggestions may, at first glance, appear to be time-consuming, especially given the time constraints of most clinicians. However, an initial investment of time can lead to long-term gains for physicians and patients. Time-intensive practices need not be inefficient. You may get to know your older patient's life history over the course of several visits rather than trying to get it all in one session.
- Older patients are diverse and unique, just like your younger patients. You may see frail 60-year-olds and relatively healthy 80-year-olds. Your patients may be culturally diverse. Some may be quite active while others may be sedentary. The techniques offered here encourage you to view all older people as individuals who have a wide range of health care needs and questions.

Many physicians, nurses, researchers, and other health care professionals were generous in providing information and advice on making this edition of the *Clinician's Handbook* useful. The Institute is grateful for their thoughtful contributions.

Richard J Hodes

Richard J. Hodes, M.D., Director
National Institute on Aging
National Institutes of Health

Considering Health Care Perceptions

The best way to learn what is and is not acceptable is to communicate directly with patients and caregivers.

"I'm 30 . . . until I look in the mirror."

Mrs. Hill is an 85-year-old nursing home resident. She has lived in a facility since advanced heart disease made it impossible for her to live independently. Her adult children feel that life in a nursing home must be a nightmare. They want to do something, but they don't know what. Moving her to one of their homes isn't an option; visiting her makes them feel depressed. One day, her doctor chats with Mrs. Hill about life in the home. She tells him that this is one of the best times of her life—people prepare and deliver her meals, she has a comfortable room with a view of the gardens, and the place is very peaceful. Mrs. Hill is quite happy and has no desire to move.

For Mrs. Hill, a life her children find unacceptable is, in fact, just fine with her. What seems intolerable to a 40-year-old may actually be preferred by a 90-year-old.

In the past century, the nature of old age has changed dramatically. In the early 1900s, the average life expectancy was about 49 years—today, it is nearly 80 years. With longevity, however, comes the sobering news that older people may live for years with one or more chronic, potentially disabling conditions. This means they will have an ongoing need for medical services.

No single characteristic describes an older patient. Each person has a different view of what it means to be old. A 68-year-old woman with an active consulting business is likely to deal with a visit to the doctor quite differently from her frail 88-year-old aunt who rarely ventures beyond her neighborhood.

The perspectives that follow are common among older people—and important to consider when talking with older patients.

Views of Physicians and Clinicians

In the past, older people have held doctors in high esteem and treated them with deference. This view may change over time as aging baby boomers are likely to take a more egalitarian and active approach to their own health care.

Today, many older people don't want to "waste the doctor's time" with concerns they think the clinician will deem unimportant. Patients sometimes worry that if they complain too much about minor issues, they won't be taken seriously later on. Or, they are afraid of the diagnosis or treatment. They may worry that the physician will recommend surgery or suggest costly diagnostic tests or medications.

Some patients do not ask questions for fear of seeming to challenge the clinician. On the other hand, some older people, having ample time and interest, will bring popular medical articles to the attention of their providers. This kind of active patient participation can provide an opportunity for communication.

Views of Aging

Ageism can work both ways. Doctors can make assumptions about their older patients. Older people may unwittingly assume the stereotypes of old age. Expectations regarding health diminish with age, sometimes realistically, but often not. Older people with treatable symptoms may dismiss their problems as an inevitable part of aging and not get medical care. As a result, they may suffer needless discomfort and disability. Some may not even seek treatment for serious conditions.

The process of aging may be troubling for older adults. It can be especially hard for people who once bounced back quickly from an illness or were generally healthy. Experts observe that baby boomers bring different expectations, experiences, and preferences to aging than did previous generations. For instance, some boomers are likely to want to participate actively in health care treatments and decisions. They may also search the Internet for health information.

Values About Health

Although physicians typically focus primarily on diagnosing and treating disease, older people generally care most about maintaining the quality of their lives. They are not necessarily preoccupied with death. In fact, many older people are relatively accepting of the prospect of death and seek chiefly to make the most of their remaining years. Younger family members, who commonly must make life-and-death decisions when an older person is incapacitated, may be unaware of the patient's views and preferences.

In Summary

- ✔ Let older patients know that you welcome their questions and participation.
- ✔ Encourage older adults to voice their concerns.
- ✔ Be alert to barriers to communication about symptoms, such as fears about loss of independence or costs of diagnostic tests.
- ✔ Expect those in the baby boom generation to be more active participants in their health care.

Understanding Older Patients

What was once called "bedside manner" and considered a matter of etiquette and personal style has now been the subject of a large number of empirical studies. The results of these studies suggest that the interview is integral to the process and outcomes of medical care.

"Tell me more about how you spend your days."

Although she complains of her loneliness and long days in front of the TV, Mrs. Klein refuses to participate in activities at the community senior center. "I'm not playing bingo with a bunch of old ladies," she tells her doctor when he suggests she get out more. "You've mentioned how much you love to garden," her doctor says. "The center has a garden club with a master gardener. One of my other patients says she loves it." "I don't want to hang around old people who have nothing better to do than compare health problems," she says. "Why not give it a try?" her doctor asks. "You might find the members are pretty active gardeners." Six months later, when she sees the doctor again, Mrs. Klein thanks him. She has joined the garden club and reports that the members all have green thumbs as well as being quite lively conversationalists. Better still, Mrs. Klein's depressive symptoms seem improved.

Effective communication has practical benefits. It can:

- help prevent medical errors
- strengthen the patient-provider relationship
- make the most of limited interaction time
- lead to improved health outcomes

This chapter provides tips on how to communicate with older patients in ways that are respectful and informative.

Use Proper Form of Address

Establish respect right away by using formal language. As one patient said, *"Don't call me Edna, and I won't call you Sonny."* You might ask your patient about preferred forms of address and how she or he would like to address you. Use Mr., Mrs., Ms., and so on. Avoid using familiar terms, like "dear" and "hon," which tend to sound patronizing. Be sure to talk to your staff about the importance of being respectful to all of your patients, especially those who are older and perhaps used to more formal terms of address.

Make Older Patients Comfortable

Ask staff to make sure patients have a comfortable seat in the waiting room and help with filling out forms if necessary. Be aware that older patients may need to be escorted to and from exam rooms, offices, and the waiting area. Staff should check on them often if they have to wait long in the exam room.

Take a Few Moments to Establish Rapport

Introduce yourself clearly. Show from the start that you accept the patient and want to hear his or her concerns. If you are a consultant in a hospital setting, remember to explain your role or refresh the patient's memory of it.

In the exam room, greet everyone and apologize for any delays. With new patients, try a few comments to promote rapport: *"Are you from this area?"* or *"Do you have family nearby?"* With established patients, friendly questions about their families or activities can relieve stress.

Try Not to Rush

Avoid hurrying older patients. Time spent discussing concerns will allow you to gather important information and may lead to improved cooperation and treatment adherence.

Feeling rushed leads people to believe that they are not being heard or understood. Be aware of the patient's own tendency to minimize complaints or to worry that he or she is taking too much of your time.

Avoid Interrupting

One study found that doctors, on average, interrupt patients within the first 18 seconds of the initial interview. Once interrupted, a patient is less likely to reveal all of his or her concerns. This means finding out what you need to know may require another visit or some follow-up phone calls.

Older people may have trouble following rapid-fire questioning or torrents of information. By speaking more slowly, you will give them time to process what is being asked or said. If you tend to speak quickly, especially if your accent is different from what your patients are used to hearing, try to slow down. This gives them time to take in and better understand what you are saying.

Use Active Listening Skills

Face the patient, maintain eye contact, and when he or she is talking, use frequent, brief responses, such as *"okay," "I see,"* and *"uh-huh."* Active listening keeps the discussion focused and lets patients know you understand their concerns.

Demonstrate Empathy

Watch for opportunities to respond to patients' emotions, using phrases such as *"That sounds difficult"* or *"I'm sorry you're facing this problem; I think we can work on it together."* Studies show that empathy can be learned and practiced and that it adds less than a minute to the patient interview. It also has rewards in terms of patient satisfaction, understanding, and adherence to treatment.

For more information on active listening, contact:

American Academy on Communication in Healthcare
16020 Swingley Ridge Road, Suite 300
Chesterfield, MO 63017
1-636-449-5080
www.aachonline.org

This professional organization aims to improve physician-patient relationships and offers courses and publications on medical encounters and interviews.

Macy Initiative in Health Communication
Division of Primary Care
NYU School of Medicine
550 First Avenue
Old Bellevue, Room D401
New York, NY 10016
1-212-263-3071
http://macyinitiative.med.nyu.edu

This initiative was a collaborative effort of three medical schools to identify and define critical communication skills needed by physicians. It developed competency-based curricula for medical students.

New England Research Institutes (NERI)
9 Galen Street
Watertown, MA 02472
1-617-923-7747
www.neriscience.com

NERI has designed a CME-accredited CD-ROM, *Communicating With Older Adults*, educating physicians on communication strategies to practice with older patients.

Avoid Jargon

Try not to assume that patients know medical terminology or a lot about their disease. Introduce necessary information by first asking patients what they know about their condition and building on that. Although some terms seem commonplace—MRIs, CAT scans, stress tests, and so on—some older patients may be unfamiliar with what each test really is. Check often to be sure that your patient understands what you are saying. You may want to spell or write down diagnoses or important terms to remember.

Reduce Barriers to Communication

Older adults often have sensory impairments that can affect communication. Vision and hearing problems need to be treated and accounted for in communication. Ask older patients when they last had vision and hearing exams.

Compensating for Hearing Deficits

Age-related hearing loss is common. About one-third of people between the ages of 65 and 75, and nearly half of those over the age of 75, have a hearing impairment. Here are a few tips to make it easier to communicate with a person who has lost some hearing:

- Make sure your patient can hear you. Ask if the patient has a working hearing aid. Look at the auditory canal for the presence of excess earwax.
- Talk slowly and clearly in a normal tone. Shouting or speaking in a raised voice actually distorts language sounds and can give the impression of anger.
- Avoid using a high-pitched voice; it is hard to hear.
- Face the person directly, at eye level, so that he or she can lip-read or pick up visual clues.
- Keep your hands away from your face while talking, as this can hinder lip-reading ability.
- Be aware that background noises, such as whirring computers and office equipment, can mask what is being said.
- If your patient has difficulty with letters and numbers, give a context for them. For instance, say, "'m' as in Mary, 'two' as in twins, or 'b' as in boy." Say each number separately (e.g., "five, six" instead of "fifty-six"). Be especially careful with letters that sound alike (e.g., m and n, and b, c, d, e, t, and v).
- Keep a note pad handy so you can write what you are saying. Write out diagnoses and other important terms.
- Tell your patient when you are changing the subject. Give clues such as pausing briefly, speaking a bit more loudly, gesturing toward what will be discussed, gently touching the patient, or asking a question.

Compensating for Visual Deficits

Visual disorders become more common as people age. Here are some things you can do to help manage the difficulties caused by visual deficits:

- Make sure there is adequate lighting, including sufficient light on your face. Try to minimize glare.
- Check that your patient has brought and is wearing eyeglasses, if needed.
- Make sure that handwritten instructions are clear.
- When using printed materials, make sure the type is large enough and the typeface is easy to read. The following print size works well:

  "This size is readable."

- If your patient has trouble reading, consider alternatives such as tape recording instructions, providing large pictures or diagrams, or using aids such as specially configured pillboxes.

Be Careful About Language

Some words may have different meanings to older patients than to you or your peers. For example, the word "dementia" may connote insanity, and the word "cancer" may be considered a death sentence. Although you cannot anticipate every generational difference in language use, being aware of the possibility may help you to communicate more clearly. Use simple, common language, and ask if clarification is needed. Offer to repeat or reword the information: *"I know this is complex; I'll do my best to explain, but let me know if you have any questions or just want me to go over it again."*

For more information on low literacy, contact:

Partnership for Clear Health Communication

National Patient Safety Foundation
268 Summer Street, 6th Floor
Boston, MA 02210
1-617-391-9900
www.npsf.org/askme3

This national coalition addresses issues related to low health literacy and its effect on outcomes. Its "Ask Me 3" campaign has materials for physicians' offices, including patient handouts, to promote good communication.

Low literacy or inability to read also may be a problem. Reading materials written at an easy reading level may help.

Ensure Understanding

Conclude the visit by making sure the patient understands:

- what the main health issue is
- what he or she needs to do about it
- why it is important to do it

One way to do this is the "teach-back method"—ask patients to say what they understand from the visit. Also, ask if there is anything that might keep the patient from carrying out the treatment plan.

In Summary

- ✔ Address the patient by last name, using the title the patient prefers (Mr., Ms., Mrs., etc.).
- ✔ Begin the interview with a few friendly questions not directly related to health.
- ✔ Don't rush, and try not to interrupt; speak slowly, and give older patients a few extra minutes to talk about their concerns.
- ✔ Use active listening skills.
- ✔ Avoid jargon, use common language, and ask if clarification is needed, such as writing something down.
- ✔ Ask the patient to say what he or she understands about the problem and what needs to be done.

Obtaining the Medical History

When patients are older, obtaining a good history—including information on social circumstances and lifestyle as well as medical and family history—is crucial to sound health care.

"What brings you here today?"

Mr. Symonds has advanced lung disease and usually manages well with home oxygen. But, he's been admitted to the emergency room three times in as many weeks, unable to breathe. The health team is puzzled because Mr. Symonds is taking his medications on schedule and, he says, using the oxygen. Finally, a home care nurse is sent to the Symonds' house. She discovers that because of this winter's bitter cold, Mr. Symonds has been running a kerosene heater in his kitchen. He does not use the oxygen and heater at the same time for fear of fire.

The varied needs of older patients may require different interviewing techniques. The following guidelines can help you to obtain a thorough history of current and past concerns, family history, medications, and socioeconomic situation. These suggestions are less time-consuming than they may appear. Some involve a single investment of time. Other health care professionals in the office or home may assist in gathering the information. You may want to get a detailed life and medical history as an ongoing part of older patients' office visits and use each visit to add to and update information.

General Suggestions

You may need to be especially flexible when obtaining the medical history of older patients. Here are some strategies to make efficient use of your time and theirs:

- If feasible, try to gather preliminary data before the session. Request previous medical records or, if there is time, mail forms that the patient or a family member can complete at home. Try to structure questionnaires for easy reading by using large type and providing enough space between items for people to respond. Questionnaires to fill out in the waiting room should be brief.

- Try to have the patient tell his or her story only once, not to another staff member and then again to you. For older patients who are ill, this process can be very tiring.

- Sit and face the patient at eye level. Use active listening skills, responding with brief comments such as *"I see"* and *"okay."*

- Be willing to depart from the usual interview structure. You might understand the patient's condition more quickly if you elicit his or her past medical history immediately after the chief complaint, before making a complete evaluation of the present illness.

- If the patient has trouble with open-ended questions, make greater use of yes-or-no or simple choice questions.

- Remember that the interview itself can be beneficial. Although you see many patients every day, you may be the only person your patient is socially engaged with that day. Your attention is important. Giving your patient a chance to express concerns to an interested person can be therapeutic.

Elicit Current Concerns

Older patients tend to have multiple chronic conditions. They may have vague complaints or atypical presentations. Thinking in terms of current concerns rather than a chief complaint may be helpful. You might start the session by asking your patient to talk about his or her major concern, *"Tell me, what is bothering you the most?"*

Resist the Tendency to Interrupt

Give the patient time to answer your questions. Giving someone uninterrupted time to express concerns enables him or her to be more open and complete.

Probe

Ask, *"Is there anything else?"* This question, which you may have to repeat several times, helps to get all of the patient's concerns on the table at the beginning of the visit.

The main concern may not be the first one mentioned, especially if it is a sensitive subject. If there are too many concerns to address in one visit, you can plan with the patient to address some now and some next time.

Encourage the patient and his or her caregivers to bring a written list of concerns and questions. Sometimes an older patient will seek medical care because of concerns of family members or caregivers.

Ask About Medications

Side effects, interactions, and misuse of medications can lead to major complications in older people. It is crucial to find out which prescription and over-the-counter medications older patients are using and how often. Older people often take many medications prescribed by several different doctors, e.g., internists, cardiologists, urologists, or rheumatologists. Sometimes they take prescriptions intended for other household members.

Remember to ask about any alternative treatments, such as dietary supplements, homeopathic remedies, or teas that the patient might be using. Remind patients that it is important for you to know what over-the-counter medicines, such as pain relievers or eye drops, they use.

Ask patients to bring all medications, both prescription and over-the-counter, to your office. A good approach is to have the patient put everything he or she takes in a brown bag and bring it to each visit. Find out about the patient's habits for taking each medication, and check to be sure that he or she is using it as directed.

Check to see if the patient has (or needs) a medical alert ID bracelet or necklace. There are several sources, including MedicAlert Foundation International, *www.medicalert.org*.

Obtain a Thorough Family History

The family history is valuable, in part because it gives you an opportunity to explore the patient's experiences, perceptions, and attitudes regarding illness and death. For example, a patient may say, "I never want to be in a nursing home like my mother." Be alert for openings to discuss issues such as advance directives.

The family history not only indicates the patient's likelihood of developing some diseases but also provides information on the health of relatives who care for the patient or who might do so in the future.

Knowing the family structure will help you to know what support may be available from family members, if needed.

Ask About Functional Status

Knowing an older patient's usual level of functioning and learning about any recent significant changes are fundamental to providing appropriate health care. They also influence which treatment regimens are suitable. The ability to perform basic activities of daily living (ADLs) reflects and affects a patient's health. Depending on the patient's status, ask about ADLs such as eating, bathing, and dressing and more complex instrumental activities of daily living (IADLs) such as cooking, shopping, and managing finances. There are standardized ADL assessments that can be done quickly and in the office.

Sudden changes in ADLs or IADLs are valuable diagnostic clues. If your older patient stops eating, becomes confused or incontinent, or stops getting out of bed, look for underlying medical problems. Keep in mind the possibility that the problem may be acute.

Consider a Life History

If you plan to continue caring for an older patient, consider taking time to learn about his or her life. A life history is an excellent investment. It helps to understand the patient. It also strengthens the clinician-patient relationship by showing your interest in the patient as a person.

Be alert for information about the patient's relationships with others, thoughts about family members or coworkers, typical responses to stress, and attitudes toward aging, illness, work, and death. This information may help you interpret the patient's concerns and make appropriate recommendations.

Obtain a Social History

The social history also is crucial. If you are aware of your patient's living arrangements or his/her access to transportation, you are much more likely to devise realistic, appropriate interventions. Ask about where he or she lives; neighborhood safety; eating habits; tobacco, drug, and alcohol use; typical daily activities; and work, education, and financial situations. It also helps to find out who lives with or near the patient.

Understanding a person's life and daily routine can help you to understand how your patient's lifestyle might affect his or her health care. To this end, determine if the patient is an informal caregiver for others. Many older people care for spouses, elderly parents, or grandchildren. A patient's willingness to report symptoms sometimes depends on whether the patient thinks he or she can "afford to get sick," in view of family responsibilities.

House calls by a health care professional are an excellent way to find out about a patient's home life. If that's not possible, try to learn some details about the patient's home life: *"Do you use oil or gas heat? Have steep stairs to navigate? Own a pet? Can you get to the grocery store or pharmacy on your own? Are you friendly with anyone in the neighborhood?"* Learning about your patient's home life will help you understand aspects of his or her illness and may improve adherence to treatment.

In Summary

- ✔ Obtain basic information before the visit. Encourage patients to bring in written lists of concerns as well as all medication, including over-the-counter and alternative or homeopathic remedies.
- ✔ Use the family history to gain insight into an older patient's social situation as well as his or her risk of disease.
- ✔ Talk about the activities of daily living and be alert to changes.
- ✔ Ask about living arrangements, transportation, and lifestyle to help in devising appropriate interventions.

Encouraging Wellness

People of all ages can benefit from healthy habits such as regular exercise and good nutrition.

"I'd like you to try this exercise routine. Just start low and go slow."

Mrs. Green is surprised when Dr. Lipton recommends that she exercise regularly. She responds with a list of excuses: exercise is for young people, it's not safe for people over 65, it takes too much time, exercise equipment costs too much. Dr. Lipton listens empathetically and then tells her that exercise and physical activity are good for people of all ages and that being sedentary is far more dangerous than exercising. He explains that Mrs. Green can "start low and go slow" by walking for 10 minutes at a time and building up to at least 30 minutes of physical activity on 5 days or more each week. At her next office visit, Mrs. Green says that she has more energy than she used to; in fact, she's ready to try a dance class at her senior center.

Exercise and Physical Activity

Exercise has proven benefits for older people. It reduces risk of cardiovascular disease, stroke, hypertension, type 2 diabetes, osteoporosis, obesity, colon cancer, and breast cancer. It also decreases the risk of falls and fall-related injuries.

Like the rest of us, older people may know that exercise is good for their health, but they may not have the motivation or encouragement to do it. You can guide your patients by asking about their daily activities and whether they engage in any kind of regular exercise or physical activity.

There are several ways to encourage older patients to exercise:

- Whenever appropriate, let them know that regular physical activity—including endurance, muscle-strengthening, balance, and flexibility exercises—is essential for healthy aging.
- Help patients set realistic goals and develop an exercise plan.
- Write an exercise prescription, and make it specific, including type, frequency, intensity, and time; follow up to check progress and re-evaluate goals over time.
- Refer patients to community resources, such as mall-walking groups and senior center fitness classes.
- Tell them about ***Go4Life***™, NIA's exercise and physical activity campaign. It has exercises, motivational tips, and free materials to help older adults start exercising and keep going. Check out *www.nia.nih.gov/Go4Life*.

Too Old to Exercise? Studies Say 'No!'

- Together, exercise and lifestyle changes such as becoming more active and healthy eating reduce the risk of diabetes in high-risk older people. In one study, lifestyle changes led to a 71 percent decrease in diabetes among people 60 and older.
- In another study, moderate exercise was effective at reducing stress and sleep problems in older women caring for a family member with dementia.
- Older people who exercise moderately are able to fall asleep quickly, sleep for longer periods, and get better quality of sleep.
- Researchers also found that exercise, which can improve balance, reduced falls among older people by 33 percent.
- Walking and strength-building exercises by people with knee osteoarthritis help reduce pain and maintain function and quality of life.

For more information on exercise, nutrition, and older people, contact:

Centers for Disease Control and Prevention (CDC)
1600 Clifton Road
Atlanta, Georgia 30333
1-800-232-4636 (toll-free)
1-888-232-6348 (TTY/toll-free)
Healthy Aging: *www.cdc.gov/aging*
Nutrition, Physical Activity, and Obesity: *www.cdc.gov/nccdphp/dnpao*

The CDC has resources on nutrition and physical activity for older adults. The Division of Nutrition, Physical Activity, and Obesity addresses how healthy eating habits and exercise can improve the public's health and prevent and control chronic diseases.

Department of Agriculture Food and Nutrition Information Center (FNIC)
National Agricultural Library
10301 Baltimore Avenue, Room 105
Beltsville, MD 20705
1-301-504-5414
www.nal.usda.gov/fnic

The FNIC website provides over 2,000 links to current and reliable nutrition resources.

National Institute on Aging (NIA) Information Center
P.O. Box 8057
Gaithersburg, MD 20898-8057
1-800-222-2225 (toll-free)
1-800-222-4225 (TTY/toll-free)
www.nia.nih.gov/health
www.nia.nih.gov/Go4Life

NIA has free online and print materials to show older adults how to start and maintain a safe, effective program of endurance, flexibility, balance, and strength-training exercises.

National Resource Center on Nutrition, Physical Activity & Aging
Florida International University
OE 200
Miami, FL 33199
1-305-348-1517
http://nutritionandaging.fiu.edu

A group serving nutrition programs funded by the Older Americans Act, the Center aims to increase food and nutrition services in home- and community-based social, health, and long-term-care systems serving older adults. Link to the program "Eat Better & Move More."

Nutrition

Older patients may develop poor eating habits for many reasons. These can range from a decreased sense of smell and taste to teeth problems or depression. Older people may also have difficulty getting to a supermarket or standing long enough to cook a meal. And although energy needs may decrease with age, the need for certain vitamins and minerals, including calcium, vitamin D, and vitamins B_6 and B_{12}, increases after age 50.

Try these strategies to encourage healthy diets:

- Emphasize that good nutrition can have an impact on well-being and independence.
- If needed, suggest liquid nutrition supplements, but emphasize the benefits of solid foods.
- If needed, suggest multivitamins that fulfill 100 percent of the recommended daily amounts of vitamins and minerals for older people, but not megadoses.
- Offer a referral to a nutrition services program, such as Meals on Wheels. Programs in your area are provided by the local Area Agency on Aging or Tribal Senior Services. Contact Eldercare Locator at 1-800-677-1116 for your Area Agency on Aging.

In Summary

- ✓ Talk to your older patients about the importance of exercise and physical activity. Staying active can benefit older people in many ways.
- ✓ Encourage your patients to get a free copy of *Exercise and Physical Activity: Your Everyday Guide from the National Institute on Aging.*
- ✓ Talk to your older patients about their eating habits.
- ✓ Consider having your older patients keep a food diary, if necessary, to make sure they are getting the correct nutrients.

Talking About Sensitive Subjects

Caring for an older patient requires discussing sensitive topics. You may be tempted to avoid these discussions, but there are helpful techniques to get you started and resources to help.

“Many people your age experience similar problems.”

At age 80, Mr. Abayo was proud of his independence and ability to get around. But, when he came to see Dr. Carli for a regular exam, he acknowledged that the trouble with his shoulder had started after he collided with another car at a four-way stop sign. “Many of my patients are worried about being safe drivers,” Dr. Carli said. After the exam, she spoke with Mr. Abayo and his son in her office. She told them that a lot of her older patients had decided to rely on family and friends for transportation. She gave Mr. Abayo a pamphlet on older drivers and the number of a local transportation resource that might be helpful.

Many older people have a “don’t ask, don’t tell” relationship with health care providers about some problems, especially those related to sensitive subjects, such as driving, urinary incontinence, or sexuality. Hidden health issues, such as memory loss or depression, are a challenge. Addressing problems related to safety and independence, such as giving up one’s driver’s license or moving to assisted living, also can be difficult.

You may feel awkward addressing some of these concerns because you don’t know how to help patients solve the problem. This chapter gives an overview of techniques for broaching sensitive subjects, as well as resources for more information or support.

Try to take a universal, non-threatening approach. Start by saying, *"Many people your age experience . . ."* or *"Some people taking this medication have trouble with . . ."* Try: *"I have to ask you a lot of questions, some that might seem silly. Please don't be offended . . ."* Another approach is to tell anecdotes about patients in similar circumstances as a way to ease your patient into the discussion, of course always maintaining patient confidentiality to reassure the patient you are talking to that you won't disclose personal information about him or her.

Some patients avoid issues that they think are inappropriate for their own clinicians. One way to overcome this is to keep informative brochures and materials readily available in the waiting room. Along with each topic listed alphabetically below is a sampling of resources. Although the lists are not exhaustive, they are a starting point for locating useful information and referrals.

Advance Directives

Advance directives, including "living wills," can help you honor individual end-of-life preferences and desires. You may feel uncomfortable raising the issue, fearing that patients will assume the end is near. But, in fact, this is a conversation that is best begun well before end-of-life care is appropriate. Let your patients know that advance care planning is a part of good health care. You can say that, increasingly, people realize the importance of making plans while they are still healthy. You can let them know that these plans can be revised and updated over time or as their health changes.

An advance care planning discussion can take about 5 minutes with a healthy patient:

- Talk about the steps your patient would want you to take in the event of certain conditions or eventualities.
- Discuss the meaning of a health care proxy and how to select one.
- Give the patient the materials to review, complete, and return at the next visit. In some cases, the patient may want help completing the form.

- Ask the patient to bring a copy of the completed form at the next visit for you to keep. If appropriate, share the plan with family members.
- Revise any advance directives based on the patient's changing health and preferences.

Be sure to put a copy of the completed form in the medical record. Too often, forms are completed, but when needed, they cannot be found. Many organizations now photocopy the forms on neon-colored paper, which is easy to spot in the medical record.

If your patient is in the early stages of an illness, it's important for you to assess whether or not the underlying process is reversible. It's also a good time to discuss how the illness is likely to play out. If your patient is in the early stages of a cognitive problem, it is especially important to discuss advance directives.

For more information on advance directives, contact:

Aging With Dignity
P.O. Box 1661
Tallahassee, FL 32302-1661
1-888-594-7437 (toll-free)
www.agingwithdignity.org

This group provides an easy-to-read advance care planning document called Five Wishes.

Institute for Healthcare Advancement
501 South Idaho Street, Suite 300
La Habra, CA 90631
1-800-434-4633 (toll-free)
www.iha4health.org

A simplified advance directive form written at a fifth-grade reading level in English, Spanish, Chinese, and Vietnamese can be downloaded for free.

National Hospice and Palliative Care Organization
1731 King Street, Suite 100
Alexandria, VA 22314
1-800-658-8898 (toll-free)
1-877-658-8896 (toll-free, multilingual helpline)
www.caringinfo.org

This group provides resources for completing advance directives, including links to each State's advance directive forms.

Driving Safety

Recommending that a patient limit driving—or that a patient give up his or her driver's license—is one of the most difficult topics a doctor has to address. Because driving is associated with independence and identity, making the decision not to drive is very hard.

For more information on safe driving, contact:

AAA Foundation for Traffic Safety
607 14th Street, NW, Suite 201
Washington, DC 20005
1-202-638-5944
www.seniordrivers.org

AARP
601 E Street, NW
Washington, DC 20049
1-888-227-7669 (toll-free)
www.aarp.org/families/driver_safety

The AARP Driver Safety Program offers classes to help motorists over the age of 50 improve their driving skills.

American Association of Motor Vehicle Administrators
4301 Wilson Boulevard, Suite 400
Arlington, VA 22203
1-703-522-4200
www.granddriver.info

The American Association of Motor Vehicle Administrators sponsors a program designed to educate aging drivers and their caregivers.

American Medical Association (AMA)
5515 North State Street
Chicago, IL 60654
1-800-621-8335 (toll-free)
www.ama-assn.org/ama/pub/category/10791.html

The AMA offers guidance for physicians to address problems about driving and older adults. For details, download the *Physician's Guide to Assessing and Counseling Older Drivers* from the website.

As with other difficult subjects, try to frame it as a common concern of older patients. Mention, for instance, that aging can lead to slowed reaction times and impaired vision. In addition, it may be harder to move the head to look back, quickly turn the steering wheel, or safely hit the brakes. Ask the patient about any car accidents. When necessary, warn patients about medications that may make them sleepy or impair judgment. Also, a device such as an automatic defibrillator or pacemaker might cause irregular heartbeats or dizziness that can make driving dangerous. You might ask if she or he has thought about alternative transportation methods if driving is no longer an option.

Elder Abuse and Neglect

Be alert to the signs and symptoms of elder abuse. If you notice that a patient delays seeking treatment or offers improbable explanations for injuries, for example, you may want to bring up your concerns. The laws in most States require helping professionals, such as doctors and nurses, to report suspected abuse or neglect.

For more information on elder abuse, contact:

National Center on Elder Abuse
Center for Community Research and Services
University of Delaware
297 Graham Hall
Newark, DE 19716
1-302-831-3525
www.ncea.aoa.gov

This consortium of organizations provides information about and conducts research on elder abuse.

Older people caught in an abusive situation are not likely to say what is happening to them for fear of reprisal or because of diminished cognitive abilities. If you suspect abuse, ask about it in a constructive, compassionate tone. If the patient lives with a family caregiver, you might start by saying that caregiver responsibilities can cause a lot of stress. Stress sometimes may cause caregivers to lose their temper. You can assist by recommending a support group or alternative arrangements (such as respite care). Give the patient opportunities to bring up this concern, but if necessary, raise the issue yourself.

End-of-Life Care

Most older people have thought about the prospect of their own death and are willing to discuss their wishes regarding end-of-life care. You can help ease some of the discomfort simply by being willing to talk about dying and by being open to discussions about these important issues and concerns. It may be helpful to do this early in your relationship with the patient when discussing medical and family history. Stay alert to cues that the patient may want to talk about this subject again. Encourage the patient to discuss end-of-life decisions early with family members and to consider a living will.

For more information on end-of-life care, contact:

Education in Palliative and End-of-life Care (EPEC)
Northwestern University, Feinberg School of Medicine
750 North Lake Shore Drive, Suite 601
Chicago, IL 60611
1-312-503-3087
www.epec.net

EPEC provides physicians the basic knowledge and skills needed to care for dying patients.

National Hospice and Palliative Care Organization
1731 King Street, Suite 100
Alexandria, VA 22314
1-800-658-8898 (toll-free)
1-877-658-8896 (toll-free, multilingual helpline)
www.nhpco.org

NHPCO links to care organizations and the consumer website, *www.caringinfo.org*.

Of course, it is not always easy to determine who is close to death; even experienced clinicians find that prognostication can be difficult. Even if you have already talked with your patient about end-of-life concerns, it still can be hard to know the right time to re-introduce this issue. Some clinicians find it helpful to ask themselves, *"Would I be surprised if Mr. Flowers were to die this year?"* If the answer is "no," then it makes sense to start working with the patient and family to address end-of-life concerns, pain and symptom management, home health, and hospice care. You can offer to help patients review their advance directives. Include these updates in your medical records to ensure that patients receive the care they want.

Financial Barriers

Rising health care costs make it difficult for some people to follow treatment regimens. Your patients may be too embarrassed to mention their financial concerns. Studies have shown that many clinicians also are reluctant to bring up costs. If possible, designate an administrative staff person with a good bedside manner to discuss money and payment questions. This person can also talk with your patient about changes in Medicare and the Part D prescription drug coverage plans.

For more information on financial assistance, contact:

Medicare Rights Center
520 Eighth Avenue, North Wing, 3rd Floor
New York, NY 10018
1-212-869-3850

1224 M Street, NW, Suite 100
Washington, DC 20005
1-202-637-0961

Main number: 1-800-333-4114 (toll-free)
www.medicarerights.org

The toll-free consumer hotline provides free counseling services about Medicare, including the prescription drug benefit.

National Council on Aging
www.benefitscheckup.org

The Council's online resource offers a searchable list of programs that can help with health care costs.

Partnership for Prescription Assistance
1-888-477-2669 (toll-free)
www.pparx.org

Many pharmaceutical companies offer reduced medication fees for patients who meet income requirements and other criteria. The website has a directory of prescription drug patient assistance programs.

The resources in this section may help when you talk with your patients about their financial concerns. In addition, your State Health Insurance Assistance Program (SHIP) may be helpful.

Long-Term Care

Long-term care includes informal caregiving, assisted living, home health services, adult day care, nursing homes, and community-based programs.

Early in your relationship with an older patient, you can begin to talk about the possibility that he or she may eventually require long-term care of some kind. By raising this topic, you are helping your patient think about what he or she might need in the future and how to plan for those needs. For instance, you might talk about what sort of assistance you think your patient will need, how soon in the future he or she will need the extra help, and where he or she might get this assistance.

For more information on long-term care, contact:

Nursing Home Compare
www.medicare.gov/nhcompare/home.asp

Medicare provides an online resource with detailed information about the past performance of every Medicare- and Medicaid-certified nursing home in the country.

Eldercare Locator
1-800-677-1116 (toll-free)
www.eldercare.gov

The Eldercare Locator offers referrals to and information on services for seniors.

Mental Health

Despite many public campaigns to educate people about mental health and illness, there is still a stigma attached to mental health problems. Some older adults may find mental health issues difficult to discuss.

Such conversations, however, can be lifesavers. Primary care doctors have a key opportunity to recognize when a patient is depressed and/or suicidal. In fact, 70 percent of older patients who commit suicide have seen a primary care physician within the previous month. This makes it especially important for you to be alert to the signs and symptoms of depression.

As with other subjects, try a general approach to bringing up mental health concerns. For example, *"A lot of us develop sleep problems as we get older,*

For more information on mental health, contact:

American Association for Geriatric Psychiatry
7910 Woodmont Avenue, Suite 1050
Bethesda, MD 20814-3004
1-301-654-7850
www.aagponline.org

The Association promotes the mental health and well-being of older people and works to improve the care of those with late-life mental disorders.

National Institute of Mental Health (NIMH)
6001 Executive Boulevard, Room 8184, MSC 9663
Bethesda, MD 20892-9663
1-866-615-6464 (toll-free)
1-866-415-8051 (TTY/toll-free)
www.nimh.nih.gov

NIMH, part of the National Institutes of Health, funds and conducts mental health research and distributes information to health professionals and the public.

but this can be a sign of depression, which sometimes we can treat." Because older adults may have atypical symptoms, it is important to listen closely to what your patient has to say about trouble sleeping, lack of energy, and general aches and pains. It is easy to dismiss these as "just aging" and leave depression undiagnosed and therefore untreated.

Sexuality

An understanding, accepting attitude can help promote a more comfortable discussion of sexuality. Try to be sensitive to verbal and other cues. Don't assume that an older patient is no longer sexually active, does not care about sex, or necessarily is heterosexual. In fact, research has found that a majority of older Americans are sexually active and view intimacy as an important part of life. Depending on indications earlier in the interview, you may decide to approach the subject directly (for example, *"Are you satisfied with your sex life?"*) or more obliquely with allusions to changes that sometimes occur in marriage. If appropriate, follow up on patient cues. You might note that patients sometimes have concerns about their sex life and then wait for a response. It is also effective to share anonymous anecdotes about a person in a similar situation or to raise the issue in the context of physical findings

For more information on sexuality, contact:

Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30333
1-800-232-4636 (toll-free)
www.cdc.gov/hiv/topics/over50

Mayo Foundation for Medical Education and Research
www.mayoclinic.com/health/sexual-health/HA00035

This website has articles about sexual health and sexuality for adults age 50 and older.

Sexuality Information and Education Council of the United States
90 John Street, Suite 402
New York, NY 10038
1-212-819-9770
www.siecus.org

(for example, *"Some people taking this medication have trouble . . . Have you experienced anything like that?"*). Don't forget to talk with your patient about the importance of safe sex. For example, *"It's been a while since your husband died. If you are considering dating again, would you like to talk about how to have safe sex?"* Any person, regardless of age, who is not in a long-term relationship with a faithful partner and has unprotected sex, is at risk of sexually transmitted disease.

Spirituality

For some older people, spirituality takes on new meaning as they age or face serious illness. By asking patients about their religious and spiritual practices, you can learn something about their health care choices and preferences. How a patient views the afterlife can sometimes help in framing the conversation.

For example, some patients feel that their fate is in the hands of a higher power, and this may prevent them from making treatment decisions. For patients who report suffering and distress about illness or end-of-life, a referral to a hospital or nursing home chaplain may be helpful.

For more information on spirituality, contact:

Association of Professional Chaplains
1701 East Woodfield Road, Suite 400
Schaumburg, IL 60173
1-847-240-1014
www.professionalchaplains.org

The Association is an interfaith professional society providing education, research, and certification for its members and web links to many chaplaincy organizations.

George Washington University Institute for Spirituality and Health
2300 K Street, NW, Suite 313
Washington, DC 20037-1898
1-202-994-6220
www.gwish.org

The Institute recognizes spiritual dimensions of health. Its work focuses on bringing increased attention to the spiritual needs of patients, families, and health care professionals.

Clinicians have found that very direct and simple questions are the best way to broach this subject. You might start, for instance, by asking, *"What has helped you to deal with challenges in the past?"*

Substance Abuse

Alcohol and drug abuse are major public health problems, even for older adults. Sometimes people can become dependent on alcohol or other drugs as they confront the challenges of aging, even if they did not have a problem when younger. Because baby boomers have a higher rate of lifetime substance abuse than did their parents, the number of people in this age group needing treatment is likely to grow.

For more information on substance abuse, contact:

National Clearinghouse for Alcohol and Drug Information (NCADI)
P.O. Box 2345
Rockville, MD 20847-2345
1-800-729-6686 (toll-free)
www.health.org

NCADI, funded by the Substance Abuse and Mental Health Services Administration, is a one-stop resource for information on substance abuse prevention and addiction treatment.

One approach you might try is to mention that some medical conditions can become more complicated as a result of alcohol and other drug use. Another point to make is that alcohol and other drugs can increase the side effects of medication, or even reduce the medicine's effectiveness. From this starting point, you may find it easier to talk about alcohol or other drug use.

Urinary Incontinence

About 17 percent of men and 38 percent of women age 60 and older suffer from urinary incontinence. Several factors can contribute to incontinence.

For more information on urinary incontinence, contact:

American Urological Association Foundation
1000 Corporate Boulevard
Linthicum, MD 21090
1-800-828-7866 (toll-free)
www.urologyhealth.org

The Foundation provides information on the prevention, detection, management, and cure of urologic diseases.

National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)
3 Information Way
Bethesda, MD 20892-3580
1-800-891-5390 (toll-free)
1-866-569-1162 (TTY/toll-free)
www.kidney.niddk.nih.gov

NIDDK, part of the National Institutes of Health, distributes publications on urinary incontinence and provides links to resources and support groups.

The Simon Foundation for Continence
P.O. Box 815
Wilmette, IL 60091
1-800-237-4666 (toll-free)
www.simonfoundation.org

The Foundation provides information about cure, treatment, and management techniques for incontinence.

Childbirth, infection, certain medications, and some illnesses are examples. Incontinence may go untreated because patients are embarrassed to mention it. Be sure to ask specifically about the problem. Try the "some people" approach: *"When some people cough or sneeze, they leak urine. Have you had this problem?"* You may want to explain that incontinence can often be significantly improved through bladder training; medication and surgery can also be effective treatments for certain types of incontinence.

In Summary

- ✔ Introduce sensitive topics with the "common concern" approach: *"As we age, many of us have more trouble with . . ."* or *"Some people taking this medication have trouble with . . ."*
- ✔ Keep educational materials available and visible to encourage discussion.
- ✔ Raise topics such as safe driving, long-term care, advance care directives, and end-of-life care early, before they become urgent matters.

Supporting Patients With Chronic Conditions

Case managers can play an important role in educating patients and families and can connect them with appropriate community resources and services.

"Let's discuss living with . . ."

Four years ago, Mrs. Smoley suffered a stroke. Although she takes her pills just like the doctor ordered, she has not been able to quit smoking. Now she has emphysema and may soon need oxygen. Dr. Nguyen thinks she should participate in a disease management program at a local hospital that will give her the information she needs to manage on her own. "It could help you prevent the problems you've had with shortness of breath," the doctor explains. "And you might learn some tips about how to manage your day so that you have some more energy." She offers to help Mrs. Smoley schedule her first appointment.

Approximately 80 percent of older adults have at least one chronic health condition, and 50 percent have at least two chronic conditions. For many older people, coping with multiple chronic conditions is a real challenge. Learning to manage a variety of treatments while maintaining quality of life can be problematic. People with chronic conditions may have different needs, but they also share common challenges with other older adults, such as paying for care or navigating the complexities of the health care system.

Try to start by appreciating that people living with chronic disease are often living with loss—the loss of physical function, independence, or general well-being. Empathize with patients who feel angry, sad, lost, or bewildered. Ask, *"Is it hard for you to live with these problems?"* From there you can refer patients to community resources that may meet their needs or, when available, recommend a disease management program or case managers in the community.

Educating the Patient

Most older patients want to understand their medical conditions and are interested in learning how to manage them. Likewise, family members and other caregivers want this information. Physicians typically underestimate how much patients want to know and overestimate how long they spend giving information to patients. Devoting more attention to educating patients may seem like a luxury, but in the long run it can improve patients' adherence to treatment, increase patients' well-being, and save you time.

The following tips can help you inform patients and their caregivers about medical conditions and their treatment.

- Doctors' advice generally receives greatest credence, so the doctor should introduce treatment plans. Other medical team members have an important role, including building on the original instructions.
- Let your patient know you welcome questions. Indicate whom on your staff he or she can call to have questions answered later.
- Remember that some patients won't ask questions even if they want more information. Be aware of this tendency and think about making information available even if it is not requested.
- Provide information through more than one channel. In addition to talking to the patient, you can use fact sheets, drawings, models, videotapes, or audiotapes. In many cases, referrals to websites and support groups can be helpful.

- Encourage the patient or caregiver to take notes. It's helpful to offer a pad and pencil. Active involvement in recording information may promote your patient's retention and adherence.
- Repeat key points about the health problem and treatment at every office visit.
- Check that the patient and his or her caregivers understand what you say. One good approach is to ask that they repeat the main message in their own words.
- Provide encouragement. Call attention to strengths and ideas for improvement. Remember to provide continued reinforcement for new treatment or lifestyle changes.

Explaining Diagnoses

Clear explanations of diagnoses are critical. Uncertainty about a health problem can be upsetting. When patients do not understand their medical conditions, they tend not to follow the treatment plans.

In explaining diagnoses, it is helpful to begin by finding out what the patient believes is wrong, what the patient thinks will happen, and how much more he or she wants to know. Based on the patient's responses, you can correct any misconceptions and provide appropriate types of information.

Discussing Treatment

Some older patients may refuse treatment because they do not understand what it involves or how it will improve their health. In some cases, they may be frightened about side effects or have misinformation from friends and relatives with similar health problems. They may also be concerned about the cost of the treatment.

Treatment can involve lifestyle changes (such as diet and exercise) as well as medication. Make sure you develop and communicate treatment plans with the patient's input and consent. Tell the patient what to expect from the treatment, including recommended lifestyle change, what degree of improvement is realistic, and when he or she may start to feel better.

Keep medication plans as simple and straightforward as possible. For example, minimize the number of doses per day. Tailor the plan to the patient's situation and lifestyle, and try to reduce disruption to the patient's routine. Indicate the purpose of each medication. Make it clear which medications must be taken and on what schedule. It is helpful to say which drugs the patient should take only when having particular symptoms.

After proposing a treatment plan, check with the patient about its feasibility and acceptability. Work through what the patient feels may be obstacles to maintaining the plan. Try to resolve any misunderstandings. For example, make it clear that a referral to another doctor does not mean you are abandoning the patient. Provide oral and written instructions. Do not assume that all of your patients are able to read. Make sure the print is large enough for the patient to read.

Encourage your patient and his or her caregivers to take an active role in discovering how to manage chronic problems. Think in terms of joint problem solving or collaborative care. Such an approach can increase the patient's satisfaction while decreasing demands on your time.

In Summary

- ✔ The physician should provide key information and advice for greatest impact; other team members can build on that.
- ✔ To explain diagnoses, start by asking the patient what he or she understands and how much more he or she wants to know.
- ✔ After proposing a treatment plan, check with the patient on feasibility and acceptability; confirm that the patient understands the plan.
- ✔ Encourage the patient and caregivers to take an active role in managing a chronic problem.

Breaking Bad News

Delivering bad news is never easy, but tested strategies can ease the process.

"I wish I had better news."

Since Dr. Callas got Mrs. Larson's test results, he had been thinking about how to tell her she has Parkinson's disease. Because he didn't want to feel pressured for time, Dr. Callas made sure Mrs. Larson had today's last appointment. He knew she'd have a lot of questions. Knowing that Mrs. Larson suspected something was seriously wrong, Dr. Callas decided the best approach was to be gentle, but direct. He reviewed her chart for details, took a deep breath, and opened the exam room door . . .

Knowing how to communicate bad news can help you to make the process more bearable for patients. The Education in Palliative and End-of-Life Care Project (EPEC), *www.epec.net*, offers a module, "Communicating Bad News," that provides a practical approach. It indicates that breaking bad news in a compassionate yet direct way can help physicians and patients. And, although some of the advice may seem obvious, it may also be the sort of thing that is easily overlooked.

The first step is to prepare yourself. Before meeting with the patient, think about what you want to say and make sure that you have all of the information you need. Be sure there is enough time, rather than trying to schedule it between other appointments. If possible, ask your staff to hold calls and pages until the appointment is over.

You may feel more comfortable by first finding out what the patient knows about his or her condition. You might ask questions such as, *"Have you been worried about your illness or symptoms?"*

Next, you might spend a few moments finding out how much the patient really wants to know. Depending on their cultural background, personal history, or medical status, people may have different expectations and preferences for what they should be told. You might ask the patient if he or she wants to hear the prognosis, for example, or would prefer not to know.

If a patient's family has reservations about having the patient know the prognosis, you might ask them about their concerns. Legally, of course, you are obligated to tell the patient; however, you may negotiate some elements with the family. If you cannot resolve it, an ethics consultation may be helpful.

When you are ready to share the bad news, try to be as straightforward as possible, without speaking in a monotone or delivering a monologue.
Be positive, but avoid the natural temptation to minimize the seriousness of the diagnosis. Communications experts suggest that you not start by saying, *"I'm sorry . . ."* Instead, try saying, *"I feel bad to have to tell you . . ."* After you have explained the bad news, you can express genuine sadness while reassuring the patient that you and others will be there to help.

Of course, people will respond differently to bad news; shock, anger, sorrow, despair, denial, blame, disbelief, and guilt all are common reactions. In some cases, people may simply have to leave the office. Try to give the patient and family time—and privacy—to react.

A good way to end this visit is to establish a plan for next steps. This may include gathering more information, ordering more tests, or preparing advance directives. Reassure the patient and family that you are not going to abandon them, regardless of referrals to other health care providers. Let them know how they can reach you—and be sure to respond when they call.

In follow-up appointments or conversations, give the patient an opportunity to talk again about the situation. Ask if he or she has more questions or needs help talking with family members or others about the diagnosis. Assess the patient's level of emotional distress and consider a referral to a mental health provider.

The Language of Bad News: Phrases That Help

These phrases can help you to be straightforward, yet compassionate:

Delivering bad news

- "I'm afraid the news is not good. The biopsy showed you have colon cancer."
- "Unfortunately, there is no question about the results. You have emphysema."
- "The report is back, and it's not as we had hoped. It confirms that you have the early stages of Parkinson's disease."

Responding to patient reactions

- "I imagine this is difficult news."
- "Does this news frighten you?"
- "I wish the news were different."
- "Is there anyone you'd like me to call?"
- "I'll try to help you."
- "I'll help you tell your children."

Dealing with prognosis

- "What are you expecting to happen?"
- "What would you like to have happen?"
- "How specific would you like me to be?"
- "What are your fears about what might happen?"

Adapted from: Emanuel LL, von Gunten CF, Ferris FF, and Hauser JM, eds. "Module 2: Communicating Bad News," The Education in Palliative and End-of-Life Care (EPEC) Curriculum: © The EPEC Project, 1999, 2003.

Referring Patients to Clinical Trials

Carefully conducted clinical trials are the primary way researchers find out if a promising treatment is safe and effective. Patients who participate in clinical research can gain access to new treatments before they are widely available and help others by contributing to medical research findings. Clinicians have an important role in continuing to care for patients who participate in clinical trials. Most trials offer short-term treatments related to a specific illness or condition. They do not provide extended or complete primary health care. You will continue your involvement in the patient's care but may need to communicate at times with your patient's clinical research team. By working with the research team, you can ensure that other medications or treatment needed by your patient will not conflict with the protocol.

For information about federally and privately supported clinical research, visit: *www.clinicaltrials.gov*

In Summary

- ✔ Prepare yourself for delivering bad news—allow enough time, and have calls held.
- ✔ Find out how much the patient understands and how much he or she wants to know about the prognosis.
- ✔ Be straightforward and compassionate.
- ✔ Give the patient time to react.
- ✔ Establish a plan for next steps; let the patient and family know you are not going to abandon them.
- ✔ Give the patient an opportunity to continue the conversation in follow-up appointments or calls.

Working With Diverse Older Patients

Appreciating the richness of cultural and ethnic backgrounds among older patients and providing interpretation for those with limited English can help to promote good health care.

"Cultural differences, not divides."

Azeeza Houssani had been Dr. Smith's patient for several years. She had always carefully followed his instructions. So, Dr. Smith was surprised when Mrs. Houssani was not willing to take her morning medication with food, as directed. He reminded her that these drugs were very hard on the stomach and could cause her pain if taken without food. But Mrs. Houssani just shook her head. Rather than getting frustrated, Dr. Smith gently pursued her reasons. Mrs. Houssani explained that it was Ramadan and she could not eat or drink from sunrise to sunset. Dr. Smith thought a bit and suggested that she find out if it's okay to take medicine with food during Ramadan—there might be an exception for people in her situation who need to take medicine.

Understanding how different cultures view health care helps you to tailor questions and treatment plans to the patient's needs. Although you cannot become an expert in the norms and traditions of every culture, being sensitive to general differences can strengthen your relationship with your patients.

Each culture has its own rules about body language and interpretations of hand gestures. Some cultures point with the entire hand, because pointing with a finger is extremely rude behavior. For some cultures, direct eye contact is considered disrespectful. Until you are sure about a patient's background, you might opt for a conservative approach. And, if you aren't certain about a patient's preferences, ask.

The use of alternative medicines, herbal treatments, and folk remedies is common in many cultures. Be sure to ask your patient if he or she takes vitamins, herbal treatments, dietary supplements, or other alternative or complementary medicines. Also, in order to help build a trusting relationship, be respectful of native healers on whom your patient may also rely.

Older immigrants or non-native English speakers may need a medical interpreter. Almost 18 percent of the U.S. population speaks a language other than English at home, according to the Census Bureau. Among older people, 2.3 million report not speaking English or not speaking it very well. Federal policies require clinicians and health care providers who receive Federal funds, such as Medicare payments, to make interpretive services available to people with limited English.

Many clinicians rely on patients' family members or on the ad hoc services of bilingual staff members, but experts strongly discourage this practice and recommend the use of trained medical interpreters. Family members or office staff may be unable to interpret medical terminology, may inadvertently misinterpret information, or may find it difficult to relay bad news. Although a patient may choose to have a family member translate, the patient should be offered access to a professional interpreter.

For more information on working with patients with diverse cultural backgrounds, contact:

Management Sciences for Health
784 Memorial Drive
Cambridge, MA 02139-4613
1-617-250-9500
http://erc.msh.org

This organization publishes *The Provider's Guide to Quality & Culture*. The *Guide* offers materials for health care providers who work with diverse populations, including information about common beliefs and practices.

National Institute on Aging (NIA) Information Center
P.O. Box 8057
Gaithersburg, MD 20898-8057
1-800-222-2225 (toll-free)
www.nia.nih.gov/espanol
www.nia.nih.gov/health

The NIA Spanish-language website provides accurate, up-to-date information in Spanish on a variety of health issues of interest to seniors. The website offers free publications and links to other health-related Spanish-language resources.

National Institutes of Health (NIH)
www.salud.nih.gov

The NIH has a wealth of patient education materials—a wide variety of which are available in Spanish. Visit the website for a complete list of Spanish-language resources.

National Library of Medicine MedlinePlus
www.medlineplus.gov/spanish

Office of Minority Health
P.O. Box 37337
Washington, DC 20013-7337
1-800-444-6472 (toll-free)
http://minorityhealth.hhs.gov

This Federal agency works to develop health policies and programs that help to eliminate racial and ethnic disparities in health.

When working with non-native English-speaking patients, be sure to ask which language they prefer to speak and whether or not they read and write English (and, if not, which language they do read). Whenever possible, offer patients appropriate translations of written material or refer them to bilingual resources. If translations are not available, ask the medical interpreter to translate medical documents.

Finding a Medical Interpreter

A number of States have associations and foundations that can help with locating, and in some cases provide funding for, medical interpreters. Some State Medicaid offices offer reimbursement for medical interpretation services. A web search can locate State organizations and local services. Or you can contact:

National Council on Interpreting in Health Care
5505 Connecticut Avenue, NW, #119
Washington, DC 20015-2601
1-202-596-2436
www.ncihc.org

In Summary

- ✔ Keep in mind that cultural differences have an impact on how patients view doctors and medicine.
- ✔ Ask about patients' use of alternative and complementary medicines.
- ✔ Use a professional medical interpreter rather than family members or untrained staff.
- ✔ Provide written materials in the patient's primary language.

Including Families and Caregivers

By communicating effectively with all the individuals involved in your patient's care, you can help him or her while also making efficient use of time and resources.

"What would you like your family to know?"

Dr. Hwang noticed that Mrs. Patrick wasn't getting her medication dosage quite right. Mrs. Patrick admitted that sometimes she does not remember everything prescribed for her to do. Dr. Hwang wondered if Mrs. Patrick should bring her daughter to her next appointment. Mrs. Patrick agreed, but at the following doctor visit she still came alone. Dr. Hwang was puzzled. When he asked her about it, Mrs. Patrick said that she was concerned her daughter wouldn't let her speak for herself and that she has some personal issues she'd like to discuss with him that she doesn't want her daughter to know about. Dr. Hwang assured her that he would keep her involved in the conversation about her health and that they could have some private time to discuss any personal matters. Next time, Mrs. Patrick brought her daughter to the visit.

Family and informal caregivers play an important role in the lives of their loved ones. They also play an increasingly important role in how the health care system functions.

Informal caregivers may be important “informants.” They can also help to reinforce the importance of information you give or the treatment you prescribe.

To protect and honor patient privacy, be sure to check with the patient on how he or she sees the companion’s role. In many cases, the caregiver or companion can be a facilitator, helping the patient express concerns and reinforcing what you say. But it is best not to assume that a companion should be included in the medical encounter. First, check with the patient. Conducting the physical exam alone protects the patient’s privacy and allows you to raise sensitive issues. For instance, the best time to conduct a “mini-mental” test is during a private exam, so that a family member cannot answer questions or cover for the patient’s cognitive lapses.

When a companion is present, be aware of communication issues that arise in three-party interactions. Whenever possible, try to sit so that you form a

For more information on working with families and caregivers, contact:

Administration on Aging (AoA)
Washington, DC 20201
1-202-619-0724
www.aoa.gov

AoA provides funds and community-based services for programs that serve older adults.

Eldercare Locator
1-800-677-1116 (toll-free)
www.eldercare.gov

The Eldercare Locator offers referrals to information on services for seniors.

Family Caregiver Alliance
180 Montgomery Street, Suite 900
San Francisco, CA 94104
1-800-445-8106 (toll-free)
www.caregiver.org

The Alliance offers programs to provide information to and support for caregivers.

National Alliance for Caregiving
4720 Montgomery Lane, 2nd Floor
Bethesda, MD 20814
www.caregiving.org

The National Alliance offers support and resources for the public and professionals.

National Family Caregivers Association
10400 Connecticut Avenue, Suite 500
Kensington, MD 20895-3944
1-800-896-3650 (toll-free)
www.nfcacares.org

This Association supports family caregivers and offers education, information, and referrals.

triangle and can address both the patient and companion face-to-face. Be careful not to direct your remarks to the companion. By not falling into this trap, you can prevent the encounter from feeling like a "two against one" match.

Families may want to make decisions for a loved one. Adult children especially may want to step in for a parent who has cognitive impairments. If a family member has been named the health care agent or proxy, under some circumstances, he or she has the legal authority to make care decisions. However, without this authority, the patient is responsible for making his or her own choices. Try to set clear boundaries with family members, and encourage others to respect them.

Family caregivers face many emotional, financial, and physical challenges. They often provide help with household chores, transportation, and personal care. More than one-third also give medications, injections, and medical treatments to the person for whom they care. It makes sense to view informal caregivers as "hidden patients" and be alert for signs of illness and stress. Caregivers may find it hard to make time for themselves. Encourage them to seek respite care so that they can recharge and take a break from the loved one. And remember, your encouragement and praise can help to sustain a caregiver.

In Summary

- ✔ Check with the patient on how he or she would like any family members or companions to participate in the medical encounter.
- ✔ Address the patient—try to avoid talking only to the family member or companion.
- ✔ Make it clear that the patient should make his or her own decisions unless legal authority to do so has been granted to someone else.
- ✔ Be alert to family caregivers' own health needs, including signs of stress.

Talking With Patients About Cognitive Problems

Communicating with a confused patient holds special challenges. Specific techniques can help health care providers to talk with patients and caregivers about a diagnosis.

"You mentioned having trouble with your memory."

Jonathan Jones had always been a meticulously organized man. His bills were paid on time; his car gas tank was always at least half full. He could be counted on to arrive slightly early for every appointment. Dr. Ross knew all this because he'd been taking care of the Jones family for nearly 30 years. So when Mr. Jones missed two appointments in a row, Dr. Ross knew something was not right and called him at home. The phone rang for quite a while before Mr. Jones answered, "Yes? Hello, Dr. Ross. Why are you calling? I don't have an appointment scheduled with you." The conversation added to Dr. Ross's concerns. The doctor made a note on the chart—it was time to broach the subject of memory loss with Mr. Jones. After so many years, this was going to be a hard discussion.

Cognitive Impairment

Aging itself can cause deficits in cognition that vary from person to person. While some older people show little or no decrease in cognitive function, others may be very worried about their memory and may fear dementing disorders such as Alzheimer's disease (AD). But, not all cognitive problems are caused by AD. Various illnesses, both physical and mental, can cause temporary, reversible cognitive impairment. Certain drug combinations can also cause a problem.

Identifying and working with older adults who have cognitive impairment are important for their safety and for the safety of others. Older patients with cognitive impairment can develop difficulties in remembering and correctly adhering to instructions about medications for their other health problems. In addition, activities such as cooking and driving can become dangerous.

Many patients with cognitive impairments experience behavioral changes. For instance, they may withdraw from or lose interest in activities, grow irritable or uncharacteristically angry when frustrated or tired, or become insensitive to other people's feelings. During more advanced stages of cognitive impairment, people may behave inappropriately—kicking, hitting, screaming, or cursing. Depending on the stage of the disease, you can suggest activities that your patient might still enjoy—for example, listening to music and perhaps dancing, playing games, gardening, or spending time with pets.

Some of your older patients may have a specific condition called mild cognitive impairment (MCI). People with MCI have ongoing memory problems but do not have other losses associated with AD such as confusion, attention problems, or difficulty with language. Some people's cognitive problems may not get worse for many years. Some people with MCI may convert to AD over time. Research is ongoing to determine better which people with MCI will develop AD.

The suggestions in this section of the booklet pertain specifically to effective communication with patients with cognitive impairments.

Diagnosis

Accurate diagnosis of AD or other cognitive problems can help your older patient and his or her family to plan for the future. Early diagnosis offers the best chance to treat the symptoms of the disease, when possible, and to discuss ways of positively coping with the condition, including discussing care options. A relatively early diagnosis allows patients to make financial plans, prepare advance directives, and express informed consent for research. Yet data suggest that only a small fraction of people with AD are ever diagnosed.

When patients are only mildly impaired, they can be adept at covering up what is happening to them. However, giving a few straightforward tests, using a medical history, and taking a family history from another family member can often tell you if there are persistent or worsening problems. It is best to conduct tests or interviews with the patient alone so that family members or companions cannot prompt the patient. Information can also be gleaned from the patient's behavior on arrival in your office or from telephone interactions with staff. Family members who may contact you in advance or following the visit are also a source of information, but keep in mind patient privacy concerns.

Although assessing an older person's cognitive function is important, formal testing of mental status tends to provoke anxiety. If you are concerned about a patient's cognition, it might be best to leave any formal testing of mental status until the latter part of the appointment—either between the history and the physical examination or after the examination—or to refer the patient to a neuropsychologist for more detailed assessment of cognition. If you administer a cognitive status test, try to present it in the context of concerns the patient has expressed. Providing support and encouragement during the testing can decrease stress.

There are limitations to any mental status test—for example, the test results can reflect level of education, or the results may appear normal early in the disease. The most commonly used screen is the Mini-Mental State Examination. This test can be used to screen patients for cognitive impairment and can be administered in the primary care setting in about 10 minutes. A positive finding suggests the need for referral to a neurologist or neuropsychologist for a more detailed diagnosis.

Cognitive impairment may reflect a variety of conditions, some reversible. In particular, it is important to review your patient's medications to check for anticholinergic or other potentially inappropriate medications. However, since patients or caregivers may assume that the cause is Alzheimer's disease, you may need to explain the need for a careful history, laboratory tests, and physical examination to search for other conditions or issues.

If your patient does have mild to moderate cognitive impairment, you might ask if there is someone who helps when he or she has trouble remembering. If your patient says yes, you could also ask if it would be a good idea for you to discuss the patient's treatment plans with the helper and keep his or her name in your notes for future reference. Make these arrangements early, and check that the patient has given you formal authorization to include the helper in the conversation about your patient's care.

For more information on Alzheimer's disease, contact:

Alzheimer's Association

225 North Michigan Avenue, Floor 17
Chicago, IL 60601-7633
1-800-272-3900 (toll-free)
www.alz.org

This national voluntary health organization supports Alzheimer's disease research and care and offers information and support to patients and families. It has local chapters with community information including referrals, support groups, and safety services.

Alzheimer's Disease Education and Referral (ADEAR) Center

P.O. Box 8250
Silver Spring, MD 20907-8250
1-800-438-4380 (toll-free)
www.nia.nih.gov/alzheimers

A service of NIA, ADEAR provides information, publications, referrals, a health information database, and a clinical trials database for the public and for health care professionals.

For updated Alzheimer's disease diagnostic guidelines:
www.nia.nih.gov/alzheimers/resources/diagnosticguidelines.htm

Alzheimer's Foundation of America

322 8th Avenue, 7th Floor
New York, NY 10001
1-866-232-8484 (toll-free)
www.alzfdn.org

The Foundation brings together groups around the country, including assisted living organizations, community services agencies, State agencies, and others, to collaborate on education, resources, and program design and implementation for people with AD, their caregivers, and families.

Communicating With a Confused Patient

- Try to address the patient directly, even if his or her cognitive capacity is diminished.
- Gain the person's attention. Sit in front of him or her and maintain eye contact.
- Speak distinctly and at a natural rate of speed. Resist the temptation to speak loudly.
- Help orient the patient. Explain (or re-explain) who you are and what you will be doing.
- If possible, meet in surroundings familiar to the patient. Consider having a family member or other familiar person present at first.
- Support and reassure the patient. Acknowledge when responses are correct.
- If the patient gropes for a word, gently provide assistance.
- Make it clear that the encounter is not a "test," but rather a search for information to help the patient.
- Use simple, direct wording. Present one question, instruction, or statement at a time.
- If the patient hears you but does not understand you, rephrase your statement.
- Although open-ended questions are advisable in most interview situations, patients with cognitive impairments often have difficulty coping with them. Consider using a yes-or-no or multiple-choice format.
- Remember that many older people have hearing or vision problems, which can add to their confusion.
- Consider having someone call the patient to follow up on instructions after outpatient visits.
- If the patient can read, provide written instructions and other background information about the problem and options for solutions.

Conveying Findings

Some patients may prefer a cautious, reserved explanation. You might consider saying something like, *"You have a memory disorder, and I believe it will get worse as time goes on. It's not your fault. It may not help for you to try harder. Now is probably a good time for you to start making financial and legal plans before your memory and thinking get worse."* Some patients may prefer more precise language and appreciate it when a doctor uses specific words like Alzheimer's disease. If possible, schedule additional time for the appointment so that you can listen and respond to the patient's or caregiver's concerns. Also, if possible, offer to have a follow-up appointment to further discuss what to expect from the diagnosis.

Regardless of how you present the diagnosis, providing written materials can make a big difference in helping your patient and his or her family know what to expect. The NIA's Alzheimer's Disease Education and Referral (ADEAR) Center has free publications you can include in a patient/caregiver information packet. You might want to refer your patient to a neurologist or neuropsychologist for testing. The Alzheimer's Association or other supportive organizations can provide assistance in planning, social services, and care.

Informing family members or others that the patient may have Alzheimer's disease or any cognitive impairment may be done in a family conference or group meeting, which should be arranged with the consent of the patient. In some situations, a series of short visits may be more suitable. You should make clear you will continue to be available for care, information, guidance, and support. If you are unable to provide all of these services, it would make a tremendous difference if you could refer the patient and family to a service organization.

Working With Family Caregivers

All family caregivers face challenges, but these challenges are compounded for people caring for patients with Alzheimer's disease and other dementias. The patient usually declines slowly, over the course of several years. This is an exhausting and disturbing experience for everyone. The following suggestions are especially useful for family caregivers in these situations:

- Persuade caregivers to get regular respite, especially when patients require constant attention. Ask if the caregiver, who is at considerable risk for stress-related disorders, is receiving adequate health care.
- Explain that much can be done to improve the patient's quality of life. Measures, such as modifications in daily routine and medications for anxiety, depression, or sleep, may help control symptoms.
- Let the caregivers know there is time to adapt. Decline is rarely rapid. Provide information about the consumer resources and support services available from groups.
- Help caregivers plan for the possibility that they eventually may need more help at home or may have to look into residential care.

In Summary

- ✔ Using a simple screen, such as the Mini-Mental State Examination, assess the patient's cognitive function when alone with him or her. Refer the patient to a specialist (e.g., neurologist or neuropsychologist) for diagnosis of cognitive impairment.
- ✔ Reassure the patient if there is no serious mental decline.
- ✔ Decide how to talk about serious cognitive problems, depending on how much the patient wants to know and can understand.
- ✔ Communicate with family members in a family conference, arranged with the patient's consent.
- ✔ Suggest activities that the patient and family might still enjoy.
- ✔ Be alert to caregivers' needs for information, resources, and respite.

Keeping the Door Open

“Effective Communication”

Advising an older man about starting an exercise program . . . counseling a woman about the proper way to take her osteoporosis medication . . . discussing end-of-life care options with the family of a long-time older patient who is dying. **These are just some examples of the complex and sensitive issues facing clinicians who treat older people. Health care providers who communicate successfully with older patients may gain their trust and cooperation, enabling everyone to work as a team to handle physical and mental health problems that might arise. Effective communication techniques, like those discussed in this handbook, can save time, increase satisfaction for both patient and practitioner, and improve the provider’s skill in managing the care of his or her patients.**

Ongoing communication is key to working effectively with your older patient. If a patient does not follow recommendations or starts missing appointments, explore whether or not a difficulty in communication has developed. Paying attention to communication increases the odds of greater health for your patient and satisfaction for you both.

For resources on working with older patients, contact:

National Institute on Aging (NIA)

Building 31, Room 5C27
31 Center Drive, MSC 2292
Bethesda, MD 20892
1-301-496-1752
www.nia.nih.gov

NIA funds research on the science of aging and provides information and materials for the public and for professionals. It is the primary Federal agency for Alzheimer's disease research and education.

For NIA publications:

National Institute on Aging Information Center

P.O. Box 8057
Gaithersburg, MD 20898-8097
1-800-222-2225 (toll-free)
1-800-222-4225 (TTY/toll-free)
www.nia.nih.gov/health

NIHSeniorHealth

www.nihseniorhealth.gov

This is a senior-friendly website from the National Institute on Aging and the National Library of Medicine that has health and wellness information for older adults. Special features make it simple to use. For example, you can click on a button to have the text read out loud or to make the type larger.

American Geriatrics Society (AGS)

40 Fulton Street, 18th Floor
New York, NY 10038
1-212-308-1414
www.americangeriatrics.org

AGS has programs in patient care, research, professional and public education, and public policy. The AGS website also offers many clinical resources, including:

- *Geriatrics At Your Fingertips*, a pocket-sized guide to caring for older patients
- *The Geriatric Review Syllabus*, featuring relevant online educational programs

American Medical Association (AMA)

515 North State Street
Chicago, IL 60654
1-800-621-8335 (toll-free)
www.ama-assn.org (search for "aging")

The AMA has several ongoing initiatives to address a variety of aging issues.

Gerontological Society of America (GSA)

1220 L Street, NW, Suite 901
Washington, DC 20005-4001
1-202-842-1275
www.geron.org

GSA is a non-profit, professional organization whose members include researchers, educators, practitioners, and policymakers.

Publications
AT-A-GLANCE

The National Institute on Aging offers free publications you might use when talking with your older patients. You can order single or multiple copies from:

National Institute on Aging Information Center
P.O. Box 8057
Gaithersburg, MD 20898-9057
1-800-222-2225 (toll-free)
1-800-222-4225 (TTY/toll-free)
www.nia.nih.gov/health

NIA has free *AgePage* fact sheets on a variety of topics. Here is a selection of what's available. The asterisk (*) indicates those also available in Spanish.

Diseases/Conditions

- *Arthritis Advice**
- *Cancer Facts For People Over 50**
- *Diabetes In Older People—A Disease You Can Manage**
- *Hearing Loss**
- *High Blood Pressure**
- *Osteoporosis: The Bone Thief**
- *Prostate Problems**
- *Shingles**
- *Stroke**

Safety

- *Crime And Older People**
- *Falls And Fractures**
- *Medicines: Use Them Safely**
- *Older Drivers**
- *Online Health Information: Can You Trust It?*

Wellness

- *A Good Night's Sleep**
- *Aging And Your Eyes**
- *Concerned About Constipation?**
- *Dietary Supplements*
- *Exercise and Physical Activity: Getting Fit for Life**
- *Flu—Get the Shot**
- *Foot Care**
- *Healthy Eating After 50**
- *Hyperthermia: Too Hot for Your Health**

(continued on next page)

Wellness *(continued)*

- *Hypothermia: A Cold Weather Hazard**
- *Shots for Safety**
- *Skin Care And Aging**
- *Smoking: It's Never Too Late To Stop**
- *Taking Care of Your Teeth and Mouth**

Other Subjects

- *Alcohol Use In Older People**
- *Beware Of Health Scams**
- *Considering Surgery**
- *Depression**
- *Forgetfulness: Knowing When To Ask For Help**
- *Getting Your Affairs in Order*
- *HIV, AIDS, and Older People**
- *Mourning the Death of a Spouse*
- *Nursing Homes: Making The Right Choice**
- *Sexuality In Later Life**
- *Urinary Incontinence**

In-depth publications are also available. Examples are listed below.

- *End of Life: Helping With Comfort and Care*
- *Exercise and Physical Activity: Your Everyday Guide from the National Institute on Aging**
- *So Far Away: Twenty Questions and Answers About Long-Distance Caregiving*
- *Talking With Your Doctor: A Guide for Older People**
- *There's No Place Like Home—for Growing Old: Tips from the National Institute on Aging*

NIA's ADEAR Center has a wide variety of free publications for people with cognitive problems, their families, and caregivers, such as *Understanding Alzheimer's Disease* and *Caring for a Person with Alzheimer's Disease.* To order, contact:

Alzheimer's Disease Education and Referral Center
P.O. Box 8250
Silver Spring, MD 20907-8250
1-800-438-4380 (toll-free)
www.nia.nih.gov/alzheimers

Suggestions

Please send comments, personal observations, practical experiences, or suggestions to:

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National Institute on Aging
Building 31, Room 5C27
Bethesda, MD 20892
1-301-496-1752
karpf@nia.nih.gov

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DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

NATIONAL INSTITUTE ON AGING

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October 2008
Reprinted September 2011

Services
AT-A-GLANCE

You want to help your patients get the services they need. But you may not be sure where to find the right resource. This is a starting place. We've identified some of the most common concerns and listed a few national resources that might be helpful.

What's the Problem?	What's a Solution?	Helpful Resources
Abuse/neglect	Mandatory reporting to adult protective services	**National Center on Elder Abuse** For your State Adult Protective Services: *www.ncea.aoa.gov* Call local police or 911, if serious situation
Caregiver assistance	Respite care	**National Respite Locator Service** *www.respitelocator.org*
Caregiving	Adult day care, nursing home care	**National Adult Day Services Association** 1-877-745-1440 (toll-free) *www.nadsa.org* **Nursing Home Compare service** *www.medicare.gov/nhcompare/home.asp*
Daily living assistance	Home health aide	**Eldercare Locator** 1-800-677-1116 (toll-free) *www.eldercare.gov*
Financial assistance	Case manager or supportive community programs	**National Council on Aging** To assess eligibility: *www.benefitscheckup.org*
Health information	Free fact sheets, booklets, and web resources	**National Institute on Aging Information Center** 1-800-222-2225 (toll-free) *www.nia.nih.gov/health* **NIH SeniorHealth** *www.nihseniorhealth.gov* **National Institutes of Health** **National Library of Medicine** *www.medlineplus.gov*
Household assistance	Homemaker assistant	**Eldercare Locator** 1-800-677-1116 (toll-free) *www.eldercare.gov*
Nutrition	Meals on Wheels or congregate meal sites	**Meals on Wheels Association of America** 1-703-548-5558 *www.mowaa.org*
Social support	Volunteer companions	**Eldercare Locator** 1-800-677-1116 (toll-free) *www.eldercare.gov*
Transportation	Medical transport benefits or other community programs	**National Association of Area Agencies on Aging** 1-202-872-0888 *www.n4a.org* **National Transit Hotline** 1-800-527-8279 (toll-free)
Utility costs	Utility subsidies	**National Energy Assistance Referral Project** 1-866-674-6327 (toll-free) *http://liheap.ncat.org/profiles/energyhelp.htm*

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health
National Institute on Aging

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NIH Publication No. 08-7105
October 2008
Reprinted September 2011