

Getting the Message Across in Hypertension Care

The following is a synopsis of “Getting the message across: opportunities and obstacles in effective communication in hypertension care,” published online ahead of print by the *Journal of Clinical Hypertension*.



What is already known on this topic?

Today, 25% of the global population has high blood pressure, also known as hypertension, and experts predict that the number of individuals with hypertension will increase in the coming decade. Despite the availability of drugs that effectively treat hypertension, patients do not always follow their doctor-prescribed medication regimens. This behavior, called nonadherence, puts patients at risk for cardiovascular disease. As hypertension management becomes more complex and guided by clinical protocols, providers must communicate effectively with patients throughout hypertension diagnosis and treatment. Poor physician communication is correlated with higher rates of medication nonadherence.

What is added by this document?

This review assessed barriers to and solutions for communicating with patients with hypertension. The authors found that many variables can affect the quality of provider-patient communication, patient satisfaction, and patient outcomes.

- ▶ *Verbal and nonverbal communication styles* make a difference. A provider whose bedside manner is warm and friendly and who displays empathy can increase patient satisfaction and decrease medication nonadherence. Positive nonverbal cues increase patient satisfaction and use of health care services.
- ▶ *Method of communication* affects patient comprehension. Verbal messages should be supported by written or visual information. Health information should be discussed at the beginning or end of a provider interaction as it is more easily recalled than information provided in the middle of a conversation.
- ▶ *The amount of time providers spend with each patient* influences effective communication. Physicians that spend more time with patients typically prescribe fewer medications and engage in more preventive care. Team-based care models also increase contact time between providers and patients and improve hypertension control.
- ▶ *Patient characteristics*, including gender, socioeconomic status (SES), health literacy, culture, and age, can affect how communications are received as well as rates of medication nonadherence.
 - Women visit doctors more often than men and receive more information, but women have lower rates of hypertension control and are less likely to talk with a provider about their heart disease risks.

- Providers tend to get more involved in care for patients with higher SES and provide them with more information and positive communication. Low-income adults are more likely to be dissatisfied with the quality of care they receive, which has been shown to increase rates of medication nonadherence.
- Language barriers can result in patients feeling a lack of connection with physicians and may result in nonadherence.
- Patients with less education have more trouble comprehending health information and often have lower rates of hypertension control.

What are the applications for these findings?

Providers can enhance their communication skills by using the **EARS** of effective communication:

- ▶ **Evaluate environmental context**—Evaluate the environment of the encounter and remove distractions that may take away from the message.
- ▶ **Assess and educate patient**—Actively assess patient barriers to help craft a tailored message.
- ▶ **Reciprocal feedback**—Use reciprocal feedback to assure that health messages are comprehended and will aid adherence.
- ▶ **Solidify plan**—Use shared decision making to create a plan that the patient and provider agree upon.

What are the implications for public health practice?

Individually tailored messages that incorporate more written and visual forms of communication help ensure that patients receive guidance that is personally relevant. Before delivering written material to patients, providers should check for content, completeness, writing style, and readability. Although few tools currently are available to deliver tailored messages, software could be developed to aid providers in creating these materials.

The adoption of team-based care models can improve communication. Team-based care provides patients with opportunities to interact with other health care providers who can address different aspects of diagnosis and management, including specific patient barriers. Team-based care models can help hypertension care become patient-centered, so that patients receive the tailored information and attentive treatment necessary to prevent medication nonadherence and achieve blood pressure targets.

Resources

Centers for Disease Control and Prevention
Health Literacy: Accurate, Accessible and Actionable Health Information for All
www.cdc.gov/healthliteracy

High Blood Pressure: Educational Materials for Professionals
www.cdc.gov/bloodpressure/materials_for_professionals.htm

Patient-Centered Primary Care Collaborative
www.pcpcc.net

Citation

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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