CENTER FOR MEDICARE EDUCATION

ISSUE BRIEF
VOL. 4, NO. 8, 2003
(revised)

This ongoing series provides information on how to develop programs to educate Medicare beneficiaries and their families. Additional information about this and other projects is available on the Center for Medicare Education's Web site: www.MedicareEd.org. This material may be reprinted only if it includes the following: Reprinted with the permission of the Center for Medicare Education.

www.MedicareEd.org

Communicating With Clients in Person and Over the Phone

ABOUT THIS BRIEF Communicating complex health-care and long-term care information clearly, quickly and in ways your clients can truly understand is a major challenge for aging-services providers. This brief focuses on oral communication, discussing why Medicare and other health-care information is so hard to talk about and offering tips you can use to help improve your communication with clients.

Mr. A. is a recently widowed 72-year-old man. He lives alone, independently managing his own medical and financial affairs. Other than a progressive hearing loss, Mr. A. has been in relatively good health until now. Recently, however, he has been experiencing severe headaches and is beginning to show signs of short-term memory loss.

Mr. A. goes to see a new doctor and is told that the office accepts Medicare. But when he goes in for the appointment, he is asked to write a check for the visit. Mr. A. is upset and confused. He calls, and you try to explain the difference between a "participating" and "non-participating" provider.

Sound familiar? As a Medicare educator (or other aging-services provider), you probably talk with many clients like Mr. A. who contact you when they are confused or upset. Clients expect that, in just one meeting or phone call, you will not only understand their problem but also explain how they (or you) can fix it. Your challenge is to communicate complex medical and financial information clearly, quickly and in ways clients can truly understand.

This brief focuses on oral communication. It begins with some reasons why Medicare and other health-care information is hard to talk about. It then highlights strategies you can use to help improve communication. There is more than one "right" way to communicate—feel free to pick and choose the strategies that work best for you AND for your clients.

Talking About Medicare

WHY MEDICARE INFORMATION CAN BE HARD TO TALK ABOUT

Medicare information includes a lot of complicated concepts and abstract ideas. To clients unfamiliar with Medicare, new words and terms sometimes sound like a foreign language. And your client conversations may take place under less-than-ideal conditions. Here are some examples why Medicare information is often hard to communicate:

- ***Types of information.*** Unlike concrete items that people can see or touch, Medicare information is often about abstract ideas and concepts. HMOs (health maintenance organizations), for example, are hard to explain and talk about. Other than mentioning the health center down the street, it takes a lot of words to teach people about concepts like managed care, copayments and drug formularies.

CENTER FOR MEDICARE EDUCATION
2519 Connecticut Avenue, NW
Washington, DC 20008-1520
Phone: 202-508-1210
Fax: 202-783-4266
Email: info@MedicareEd.org
Web site: www.MedicareEd.org

A project of the American Association of Homes and Services for the Aging with funding from the Robert Wood Johnson Foundation.

CENTER STAFF
Marisa A. Scala
Robyn I. Stone
Natasha Y. Stein
Sharon R. Johnson

- ***Amount of information.*** As a Medicare educator, you have a lot of information to teach in a very short time. In just one phone call or face-to-face meeting, you may need to explain to a client what Medicare is, present a wide array of benefit options, and convey the importance of making timely, yet wise, decisions. As the educator, you likely feel a lot of pressure to teach clients everything they need to know. Clients, however, may easily become overwhelmed when there is too much to listen to, talk about and understand.
- ***Words, terms and acronyms.*** To some, Medicare is like a foreign language. It uses jargon (industry-specific terms) such as "durable medical equipment," which can simply mean wheelchair or walker depending on the situation. Medicare also uses a lot of multisyllabic words such as "beneficiary," which clients may not know. In addition, there are likely to be many acronyms such as "ESRD," which is short for end-stage renal disease.

  When you use unfamiliar words and acronyms like these, clients may not understand what you are talking about. An aging-services provider talked about the time she suggested to a client that he speak with someone at his local AAA. While the educator meant the Area Agency on Aging, the client looked confused and wondered how the American Automobile Association could possibly help with his Medicare concerns.
- ***Emotions.*** Clients may be contacting you in a crisis—a time when they are upset, frustrated or frightened. Your communication job is not only to address their Medicare concerns but also to calm them down enough so they can listen, learn and understand.
- ***Distractions.*** The environment, as much as words and emotions, factors into communication. When you meet clients in your office, for example, they may be distracted by the clutter on your desk or the noise from down the hall. When you talk with them by telephone, they (or you) may be preoccupied with others in the room who want immediate attention.

How People Learn

Everyone has a preferred learning style—how he or she learns best. Some people are auditory learners, meaning that they prefer to learn by speaking and listening. Others are visual learners and do well when they see or read information. Still others are kinesthetic learners and learn most effectively when physically touching objects or practicing procedures. A combination of these learning styles works well for many people. "Jane," for example, learns how to give herself insulin shots by talking with her provider, watching a demonstration and then trying the procedure herself.

In addition to learning styles, people also have individual learning needs (or communication barriers) which can make learning more difficult. These include:

- ***Literacy.*** Defined in functional terms, literacy is the ability to use "printed and written information to function in society, to achieve one's goals, and to develop one's knowledge and potential."[1] Literacy includes a subset of three skills:
  - Prose literacy - needed to read text such as in newspapers and magazines
  - Document literacy - used to understand tables, graphs, maps, etc.
  - Quantitative literacy - for bills, measurements and other numeric information

The 1992 National Adult Literacy Survey found that 47 percent of adults (or nearly 1 out of every 2) in the United States have, at best, marginal reading skills. This means that they likely have trouble reading unfamiliar, multisyllabic words and long, complicated sentences. Older adults (those 65 years and older) are even more likely to have literacy problems. This same survey found that up to 80 percent of older adults have significant difficulty reading documents like surveys and bills.[2]

Literacy plays a large part in understanding Medicare and other aging-services information since so much is in writing. When materials are written at levels beyond a person's reading ability, essential information can be misunderstood, overlooked or simply ignored.

Age. Beyond literacy concerns, older adults may have one or more physical or emotional problems that interfere with their ability to learn, understand and remember. In addition, they may take a lot of prescribed and over-the-counter medications that affect concentration and alertness. Beyond medical and medication-related concerns, older adults (like everyone else) may also be distracted by life issues such as caring for ailing spouses or struggling to pay bills. It's hard to learn Medicare information under these conditions.

Disability. Disabilities like low vision and hearing loss can also impact how people learn. Although they can occur at any age, people are more likely to be diagnosed with a disability as they get older. For instance, according to the American Foundation for the Blind, more than 10 million people in the United States are considered blind, legally blind (in which they have some, but insufficient, usable vision) or visually impaired. More than half of these people are over 65 years of age.[3] Partial or total hearing loss is also common in older adults. According to the Administration on Aging, one in four adults age 65 and over and one in three adults age 75 and over have some hearing loss.[4]

When people have disabilities like these, they may not be aware of their diminished capacity to hear or see. And even when they have hearing aids or glasses, it's likely that their skills are not as good as they were before.

Language. Language—the words people use—impacts learning as well. In the United States, over 46 million people (or more than 17 percent of the population) speak a language other than English at home. In fact, at least 300 different languages are spoken in the United States today.[5]

It takes anywhere from two years to a lifetime for a person to become fluent in a second language. While "Jose" may be able to answer yes/no questions and order dinner in a restaurant, he may not have sufficient fluency to discuss complex "how" and "why" questions that are common in communication about Medicare or other health-care issues.

Culture. Culture refers to how people understand words. This understanding is based, in large part, on people's beliefs, values and life experiences. While culture is certainly an issue when communicating with people from other lands, it can also be a factor when talking with people from the same region or country who may not share the same point of view.

As far as Medicare goes, clients may be unfamiliar with the concepts you are discussing. For example, some clients may only see health professionals when they are sick. The concept of screening tests (like mammograms and colonoscopies) is therefore unfamiliar, and people may be reluctant or refuse to have these exams.

Communicating in Ways Clients Can Understand

Whether you meet with clients in person or talk with them over the telephone, here are some strategies you can use to help improve communication. (Many of these strategies are reprinted and adapted with permission from *Overcoming Communication Barriers in Patient Education*. See the Resource Section for more information.)

COMMUNICATING WITH PEOPLE WHO HAVE LIMITED LITERACY SKILLS

- ***Plan what you are going to say.*** Present information in a logical order and teach one step at a time, clearly identifying each step. For example, begin with "I am going to teach you about…. Here are three things you need to know. First, you should … Second, you need to … and third, you must …"
- ***Define new health-care terms.*** When you need to introduce an unfamiliar term, such as "formulary," teach the correct pronunciation, explain what it is and give an example. If you need to use an abbreviation or acronym, explain it and give an example. For instance, "ADL's – activities of daily living, like getting dressed or eating."
- ***Use a variety of teaching methods.*** Reinforce your verbal instruction with other instructional tools. Give out written information people can refer to at a later time, encouraging clients to share this information with others. Draw simple line drawings to illustrate key concepts. Suggest that patients take notes or make audio tapes.
- ***Verify understanding.*** Make sure that you and your client understand each other. Both of you

should restate information in your own words. Rephrase whatever is not clear.

COMMUNICATING WITH OLDER ADULTS IN PERSON

- ***Establish an environment conducive to learning.*** Find a quiet place where you can talk. Sit near the client, and speak clearly and concisely. Limit the amount of new information you introduce, allowing time for clients to process and reflect.
- ***Organize your message to get the point across.*** Before you introduce new information, address the client's immediate concerns. Present information as concretely as possible, omitting extraneous facts that might be confusing. At the end of your meeting, repeat the most important points and conclude by reviewing next steps.
- ***Use a positive and supportive approach.*** Address clients formally, and do not use the person's first name unless specifically invited to do so. Create a "shame-free" environment—if the client appears to have difficulty learning new information, let the person know that many people find it hard to understand.
- ***Adjust your teaching to accommodate a person's learning style and special needs.*** Find out how a person prefers to learn—by reading, listening, watching, doing or a combination of these ways. Adjust your pacing, and make sure you do not present information so quickly that the client cannot keep up with you. Note any special needs such as hearing or visual impairments, and adapt your teaching style accordingly.
- ***Choose your words carefully.*** To reduce confusion, consistently use the same terms regardless of whether you are speaking or writing. For example, decide whether you will refer to health professionals as physicians, doctors or providers, and consistently use the same term each time.
- ***Invite the client to bring a family member or friend to your meeting.*** This way, not only does the client learn in the company of people he or she finds supportive, but the client also has a second pair of eyes and ears who can reinforce and clarify information after your meeting is over.
- ***Help people actively participate in appointments.*** Encourage clients to write out their concerns and bring this list to your meeting. Within your session, invite clients to discuss their goals, desires and confidence in following through. Let them know they are free to ask for clarification whenever information is unclear. Periodically stop and ask for questions, but be sensitive to the fact that many older adults may be reluctant to ask questions of people in authority—like you.
- ***Verify understanding.*** Find out what a person does, and does not, understand by asking relevant and specific open-ended questions. For example, "Some people find it hard to decide which benefit plan to choose. If this happens to you, what do you think you will do?"

COMMUNICATING WITH PEOPLE WHO ARE DEAF OR HARD OF HEARING

- ***Find out specific things you can do.*** Ask clients how you can improve communication. This can be as simple as moving your chair to face the client directly so he or she can see your lips. Allow extra time in your appointment to make sure that messages are clearly understood.

  Also, be sure to offer to have an ASL (either American Sign Language) or CART (Communication Access Realtime Translation) interpreter there with you, if necessary, to be sure that your client can fully understand the information you are presenting. (For more information on locating interpreters in your areas, check our Resources section on p. 7.)
- ***Get the person's attention.*** Face the person before you speak and, as appropriate, touch him or her lightly on the shoulder. This not only gets the person's attention, but also orients him or her to where the sound is coming from. When you need to get someone's attention in a large waiting room, go up to that person directly rather than calling out his or her name on a public address system.
- ***Articulate clearly and speak in natural tones.*** Speak distinctly, not necessarily loudly. Shouting is unpleasant and not helpful; it distorts the lip movements, making lip reading more difficult, and may interfere with a hearing aid's ability to pick up usable sounds. Use a

slower rate of speech, but don't exaggerate pronunciation to the point that you distort individual words.

- ***Reduce distracting/ interfering sounds.*** Find a quiet environment in which to communicate. It is even more difficult for a person with limited hearing to understand you when there is competing noise, such as the hum from an air conditioner.
- ***Make sure that you can be clearly seen.*** Make sure that the light is adequate and that your face is clearly visible. Do not block your mouth, and make sure you do not talk at the same time as someone else.
- ***Appreciate that it takes significant concentration to read lips or speech.*** People lip-read when they look at someone's mouth, and they speech-read when they also look at the other person's gestures, expressions and pantomime actions. Sometimes messages are interpreted incorrectly, for pairs of words may look alike, such as bed and men, or pain and main. People who rely on visual cues may have particular difficulty understanding someone who has a moustache, chews gum or speaks with an accent.
- ***Confirm understanding.*** Take time to confirm what clients understand. Ask them to repeat back, in their own words, the gist of what was said. If a concept is unclear, rephrase it, don't repeat it.

COMMUNICATING WITH PEOPLE WHO ARE BLIND OR HAVE LOW VISION

- ***Introduce yourself and others.*** When you enter the room where there is a blind person, make sure to identify yourself by name. When a person with low vision enters the room, orient him or her by introducing yourself and everyone else who is present. When someone leaves the room, communicate that information as well.
- ***Ask if the person wants assistance.*** The amount of assistance a person desires depends on the situation and his or her comfort in asking. Ask if a person wants help and, if so, find out how you can best be of assistance. The person may want descriptive or directional information, such as identifying where objects are located within the room, or may ask you to explain any unusual sounds or noises. The person may also ask to walk with you, putting his or her hand through the crook of your elbow.
- ***Use everyday words.*** Give clear and specific information, and use everyday words, not medical jargon. Don't be afraid to use verbs such as see and look, for they are a part of everyday speech.
- ***Provide clear directions.*** When you refer a client to a new facility, make sure that person is comfortable going to an unfamiliar location. Find out how you can be of help, such as offering to give detailed directions or making a referral for transportation assistance.

COMMUNICATING WITH PEOPLE WHO SPEAK ENGLISH AS A SECOND LANGUAGE OR COME FROM OTHER CULTURES

- ***Find out where the client is along the continuum of language.*** When you need to talk about significant information, such as insurance options, ask clients how they prefer to communicate. Consider using an interpreter or translated materials to improve understanding.
- ***Use a trained medical interpreter.*** Consider using a professional interpreter to communicate important information. A bilingual/ bicultural interpreter can not only speak in the client's language, but can also present information in ways that are consistent with the person's cultural beliefs and practices.
- ***State your message clearly and simply.*** Use everyday words rather than technical ones. For example, talk about cancer rather than oncology, or kidney doctor rather than nephrologists. Avoid medical jargon and acronyms whenever possible. In addition, demonstrate or use pictures to get your point across.
- ***Speak clearly and concentrate on the most important message.*** Figure out exactly what you want to say, and then carefully choose the words to say it. Speak at a slower pace, pausing for two or three seconds after you ask a question or give new information. Use phrases or short sentences. Include the full form of words, rather than contractions—"I will," for example, rather than "I'll." Do not speak louder just because a patient has limited English—this can come across as sounding angry and does nothing to improve communication.

- ***Supplement the spoken word.*** Use simple line drawings and diagrams to help communicate your message. Demonstrate what you mean through gestures or pantomime and encourage the person you are speaking with to do likewise. Be sensitive, however, to the fact that gestures can have more than one meaning and sometimes are misunderstood. Observe your client's responses, for you can often learn a lot of information from nonverbal cues.
- ***Pay attention to nonverbal communication.*** Nonverbal communication can often be as expressive as words. Notice the volume and speed at which a person talks, and pay attention to silences as well. Look at a person's posture, gestures and eye contact, but be cautious about making assumptions; in some cultures, for example, it is considered rude to look another person in the eye. Notice, too, your own nonverbal communication, and make sure you are interacting in a way that is welcoming and respectful.
- ***Work with the family decision maker.*** In some cultures, the client is not the primary decision maker. Find out who is responsible for making major decisions, and include this person when discussing Medicare options.
- ***Verify the patient's understanding.*** Do not assume that a nod and a smile mean the message was understood. To verify, ask the client an open-ended question such as, "How will you...?" rather than a yes/no question such as, "Do you know how to..?" Clarify any misunderstanding by finding new and simple ways to say the same thing.

COMMUNICATING WITH PEOPLE OVER THE TELEPHONE

- ***Choose your words carefully.*** Appreciate that the phone is auditory only. Use common words, and avoid or explain essential acronyms. Repeat key words and concepts throughout the conversation.
- ***Have help in your voice.*** Set a pleasant tone. Put clients at ease so they can absorb information. Be as positive as possible, saying "I will" and "I can," rather than "I won't" and "I can't." Be empathetic to the client's situation, acknowledging his or her frustration and anger. If and when you need to say no, state why and offer alternatives.
- ***Take responsibility for the direction of the conversation.*** This includes redirecting talkative callers. For example, you can say, "I understand that you are concerned about _____, but right now we need to talk about _____."
- ***Confirm understanding.*** Summarize your conversation with actions and next steps. After the phone call is over, follow up with a letter restating what you discussed. Include written materials and a phone number for questions and more information.

Thinking Again About Mr. A.

As described earlier, Mr. A. is upset and confused when he speaks with you. Here are some issues to consider and suggestions about ways to communicate:

- ***What are some of the factors that interfere with communication?*** Mr. A. may have hearing loss, be in pain, have trouble with his memory. He also may be anxious or upset about paying this new and unexpected medical bill. Maybe, too, his wife was always the one to take care of financial matters, and this situation is new to him. Beyond that, you are using terms like "participating provider" and "non-participating provider," which may have a lot more meaning to you than Mr. A.
- ***What strategies can you use to communicate?*** Set a pleasant tone, talking with Mr. A. about what you need to discuss now and what can wait until another time. Speak clearly and slowly, and pause after key points to confirm that he understands. After your conversation is over, mail a follow-up letter to Mr. A., and enclose a brochure that highlights the important points you discussed.
- ***How do you confirm understanding?*** After each key point—for example, when you talk about physicians accepting assignment—ask Mr. A. to tell you, in his own words, what he understands. Put responsibility on yourself (where it rightfully belongs) by saying something like, "Let me see if I've explained this clearly. Tell me how you will…." At the end of your conversation, summarize what you talked about, and repeat the tasks you and he agreed to do. You can also encourage Mr. A. to talk with his family or with staff at the local state health insurance assistance program (SHIP) for help with other questions and concerns.

Resources

TEACHING PATIENTS WITH LOW LITERACY SKILLS

C. Doak, L. Doak and J. Root (1996).
J.B. Lippincott Company, Philadelphia.

Considered the authoritative reference on health literacy, this book includes numerous teaching skills that are respectful of clients, practical and cost-effective.

HEALTH LITERACY: RESPONDING TO THE NEED FOR HELP

K. Kiefer (2001).
Center for Medicare Education.

Through a subcontract with the Center on an Aging Society at Georgetown University, CME explored a range of techniques to reach older adults with low literacy. The final report defines and discusses the issue of health literacy, focusing specifically on challenges facing Medicare beneficiaries with low health literacy. It also describes ways to respond to low literacy in health-care settings, featuring profiles seven organizations that have made health literacy a priority.

"IN OTHER WORDS..." COLUMNS IN ON CALL MAGAZINE

H. Osborne.
A series of articles about health-care communication and patient education. Available on the Health Literacy Consulting Web site: www.healthliteracy.com

OVERCOMING COMMUNICATION BARRIERS IN PATIENT EDUCATION (2001) AND PARTNERING WITH PATIENTS TO IMPROVE HEALTH OUTCOMES

H. Osborne (2002).
Aspen Publishers, Inc., Gaithersburg, MD.

The first book includes practical strategies to communicate with patients who have poor reading skills, are older, have visual or hearing impairments, speak little or no English, or come from other cultures. The second book discusses a model of care in which patients and providers work together to improve the patient's health.

COMMUNICATION ACCESS INFORMATION CENTER

www.cartinfo.org

This Web site, sponsored by the National Court Reporters Foundation, offers information about CART, as well as a searchable database of CART providers and interpreters.

REGISTRY OF INTERPRETERS FOR THE DEAF (RID)

www.rid.org

RID is the national membership organization of professionals who provide sign language interpreting/transliterating services for Deaf and Hard of Hearing persons. The Web site offers a searchable database of members so you can find an interpreter in your area.

---

[1] Kirsch, I., Jungeblut, A., Jenkins, L., and Kolstad, A. *Adult Literacy in America*. Educational Testing Service. Washington: U.S. Government Printing Office, 1993.

[2] Brown, H., Prisuta, R., Jacobs, B., and Campbell, A. *Literacy of Older Adults in America*. Washington: U.S. Government Printing Office, 1996.

[3] American Foundation for the Blind, 2003.
http://www.afb.org/info_document_view.asp?documentid=1374#num

[4] Administration on Aging, 2003. http://www.aoa.gov/prof/notes/notes_hearing_loss.asp

[5] Perkins, J. *Ensuring Linguistic Access in Health Care Settings: An Overview of Current Legal Rights and Responsibilities*. 2003. http://www.kff.org/content/2003/4131/4131.pdf

Sign up additional people to receive our issue briefs:

How should we send copies of our issue briefs?

There are two options:

❏ Hard copies via US mail.
❏ E-mail (as a pdf file). For this option, they will need to have Adobe Acrobat Reader installed on their computer.

Name: _____ Name: _____

Title: _____ Title: _____

Company: _____ Company: _____

Type of Organization: _____ Type of Organization: _____

Address: _____ Address: _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

E-mail: _____ E-mail: _____

Send via mail, fax, or e-mail. Contact information listed below.

About the Author

As president of Health Literacy Consulting in Natick, Mass., **Helen Osborne** helps health professionals communicate in ways patients and families can understand. In addition, she is the founding director of Health Literacy Month—a worldwide campaign to raise awareness about the importance of understandable health information. Ms. Osborne is the author of two books, *Overcoming Communication Barriers in Patient Education and Partnering With Patients to Improve Health Outcomes*, both published by Aspen Publishers, Inc. She is also a columnist for The Boston Globe's On Call magazine, writing about patient education and health-care communication. For more information about Health Literacy Consulting, go to www.healthliteracy.com. To learn about Health Literacy Month, please visit www.healthliteracymonth.org

For more information, contact:

Center for Medicare Education
2519 Connecticut Avenue, NW
Washington, DC 20008-1520

Phone: 202-508-1210
Fax: 202-783-4266
Email: info@MedicareEd.org
Web site: www.MedicareEd.org