



# When Patients Know Why, They Comply

## Communication Beyond Traditional Methods



by Reuven Lirov, M.A.

### Personal Growth

Ben pulled a weed viciously. His wife looked at him with raised eyebrows. “What did that dandelion ever do to you?”

“I guess I’m just exasperated,” Ben said, tossing the weed into a wheelbarrow and starting in on another.

“You can take out all your exasperation on these weeds,” Carmen laughed. “But tell me what you’re upset about.”

“Another no-show this afternoon!” Ben said, pulling more weeds with more force than was absolutely necessary. “I’m just getting sick of it.”

“I thought you had worked out—”

“Oh, we have a good system in place now, as far as the practice is concerned. But I still hate it. This particular patient skips half her regular adjustments, and then comes in with pain and emergencies that she probably wouldn’t have if she just

followed her treatment plan. It’s frustrating to know that I can’t do my best for her because she won’t cooperate.”

Carmen nodded sympathetically, digging out a stubborn root.

“I sometimes think,” Ben went on, sitting back on his heels, “that they don’t really get what we’re doing.”

“Maybe they don’t,” Carmen suggested. She reached across to help their son with a tough weed he was trying to pull. “They act like what you do is magic. They don’t know why it works, they just feel happy that it does.”

“But you see, that attitude means that they don’t follow through with my recommendations.”

“You explain things clearly, I know,” Carmen assured him. “I’ve heard you do it.”

“Better sometimes than at other times,” Ben admitted. “It depends how busy I am, and which room I’m in—some have better visual aids than others.”

Carmen laughed again. “I hadn’t thought of that, but it’s true. Plus, you’re not always the one giving the explanation. It’s not really systematic, is it?”

“I guess it’s not,” Ben agreed. “We all just answer questions and give explanations as needed—office staff, too. And of course we work together on patient cases, or with other health care professionals. There can be a lot of people involved in a single medical decision, and we don’t all end up sharing the same information.”

“I don’t do a lot of education in my business,” Carmen said, “but I know that anything that doesn’t use



a good system ends up taking more work, more time, and more trouble than it needs to.”

“Hmm.” Ben stood up, brushing dirt from his knees, and hoisted the wheelbarrow. “It sounds like noncompliant patients are my fault.”

“That’s not how I meant it,” objected Carmen. Jonathan scrambled up into the wheelbarrow, shouting that he wanted a ride. “I’m just going with what you said—they don’t always get what you’re doing. Then they might not realize the importance of doing their part.”

“I’m doing my part,” Jonathan announced. His parents assured him that he was, and Carmen lifted him down from the wheelbarrow so Ben could tip the weeds onto the compost pile.

“A little patient education might do wonders,” Ben said. “I hadn’t really thought about it, but I’m sure the patients would be more cooperative if they understood the value of follow through.”

*Could patient education help reduce Dr. Ben’s exasperation?*

## What Do You Really Want?

“I know you’re all about systems,” Ben began, pouring a cup of coffee for his wife.

“You know it,” she said, breathing in the heady aroma.

“So I’m going to lay this out in a completely systematic way. First, patient noncompliance is a big problem, not just for us but for medical professionals all over the country. I hear that noncompliance costs the U.S. \$290 billion a year.”

Carmen raised her eyebrows.

“Beyond that, patients who follow through on their treatment plans and show up for their appointments and make the lifestyle changes we recommend—”

“Compliant patients, in other words,” Carmen said.

“Those patients see better results, are happier, and are less likely to go elsewhere for future treatment. In fact, having patients who adhere to their treatment plans leads to a more efficient and cost-effective healthcare delivery system. It also means less patient churn and more professional satisfaction for us.”

Carmen nodded. “Very clear so far. Patients who do what you tell them are a good thing.”

“Point two is that patients who really understand what’s going on are more likely to cooperate with us and follow through on the things they’re supposed to do.”

“Ergo, patients need to be educated.”

“Ergo makes it sound especially important. Do you mind if I use



that when I pitch this to my partners?” Ben smiled and Carmen returned his smile.

“So I think we need a clear, systematic way to educate our patients,” Ben continued. “It needs to be something all of us can use everywhere in the office, and ideally our patients should be able to share it at home, because we know that home support makes a lot of difference.”

“Then you need to be able to email it to them, whatever it is,” Carmen suggested. “That’s the easiest way to share things.”

“Right. And people respond best to visual information, so it can’t just be a letter or something like that.”

“Hmmm.” Carmen pursed her lips thoughtfully. “I’m sold on the idea that you need to educate your patients to increase compliance, and that you need some kind of tools to accomplish this.”

“Good,” said Ben, sipping his coffee.

“Now what? Is it time for the big sales pitch where you show me a set of encyclopedias?”

“I don’t think encyclopedias will do it. In fact, I don’t know what will do it.”

“At least you know what you’re looking for,” Carmen said.

“That’s what I figured. I have a clear idea and I can go out and find a solution.”

“If you explain it that systematically,” his wife suggested, “your partners might even help you.”

“Especially if I say ‘ergo,’” Ben finished with a wink.

*Is knowing what he wants a good enough starting point for Dr. Ben’s patient education program?*

## Getting Past No

Carmen was helping Jonathan with his homework when Ben arrived home from work. He hadn’t expected kindergarten to have homework—but he also hadn’t expected the meeting at his practice to go so badly.

Ben gave a feeble smile over Jonathan’s head as the little boy excitedly told him all about his day, and Carmen responded with a concerned look.

Ben was able to set aside the workday as Jonathan described the wonders of kindergarten to him, and the whole family finished up the homework and put it carefully into Jonathan’s backpack.

“He’s really enjoying school,” Ben observed as Jonathan ran outside to play.

“I know! It’s such a relief—I was worried that he wouldn’t like it,” said his wife. “And of course he’d have to go anyway.”

Ben nodded gravely.

“Looks like you didn’t really enjoy work today,” Carmen prodded.

“And I had to go anyway!” Ben chuckled. “Actually, it was great up until the meeting at the end of the day. I hate meetings.”

“You were so well prepared! How come it didn’t go well?”

“Actually, the partners had some good points,” Ben admitted. “I guess that’s why I’m so frustrated by it. Somehow when we get together, we just end up in one big negative group mood, listing all the reasons ideas won’t work. I left pretty convinced that my idea won’t work.”

“So you went in and told them that patient education would increase compliance, and that you need some kind of tool that’s more versatile than a skeleton. Then what?”

Ben leaned in. “They said that the body is a very complex system, and we all went to school for years to know what we know. Our patients can’t expect to understand it more fully than they do, and no special tools are going to make it completely clear.”

Carmen frowned. “There’s a difference between being a doctor and being an informed patient. Just because patients don’t always fully understand the explanations they’re getting right now, that doesn’t mean that they couldn’t understand enough to help them see the value of adhering to their treatment plan. Especially with some kind of visual or hands-on support. I know those things make a difference when I’m training new workers.”

“That’s a good point,” said Ben. “I guess just deciding that it’s hopeless doesn’t make a lot of sense.”

“What else did they say?” Ben sighed. “At one point someone said that our patients should just trust us, and that it was all the fault of the internet.”

Carmen laughed.

“I know it sounds funny, but at the time, we were all getting into that



discussion. Some of us are more committed to patient education than others, but even I joined that complaint fest. It does seem as though noncompliance is getting worse.”

“So patients with a little information are deciding that they don’t have to do what their doctors say?” Carmen scoffed. “Even if that’s true, the solution surely would be more education, and more accurate information. You can’t stop people from finding information online, but you can be the most trusted source of information.”

“You’re making a lot of sense here,” Ben said. He was feeling more cheerful. “I think I can go back with these points, once everyone has had a chance to think about it. I guess a lot of the negative reaction was just about change.”

“Change is stressful,” Carmen agreed. “Even if it’s going to be better, it’s more trouble to change than to keep doing what you’re doing.”

“What we’re doing isn’t working as well as it should,” Ben said. “I guess

I went in with an idea and no real solution, and when everybody went into the usual naysaying, I got swept up in it.”

“That’s probably why you hate meetings,” Carmen suggested. “But sometimes people just automatically shoot down an idea even though, with more thought, they’d see the value. I think you should go ahead and identify the tools you need. Make sure they’ll fit into the practice’s regular routine, and bring it up again.”

*Can Dr. Ben get past the negativity and work out a solution for his patient education needs?*

## Complications

“It’s nice to be in someone else’s restaurant for a change,” Carmen remarked. “Someone else will have to do the cooking and the dishes!”

“Rough day at the pizzeria?”

“Not a bad day,” said Carmen, “but this time I’m being affected by new governmental medical regulations.”

“What?” Ben was taken aback. His chiropractic office dealt with medical regulations frequently, but he couldn’t see how they could affect his wife’s pizza parlor.

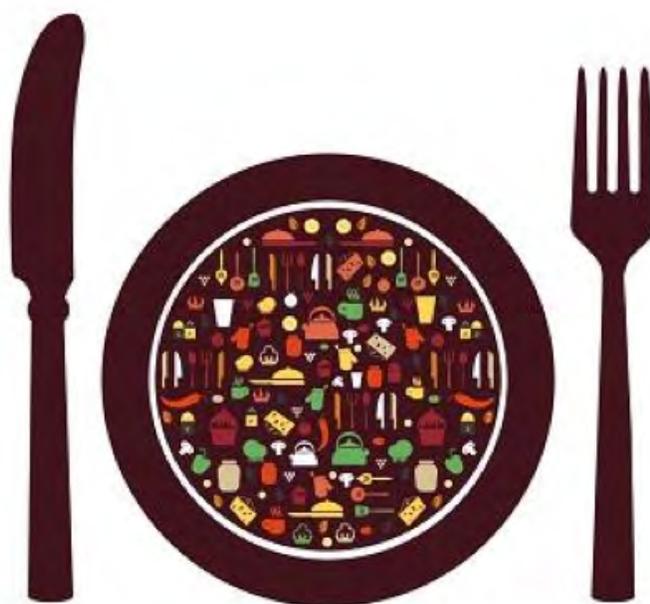
“We have to provide full nutritional information on our menus now.” Carmen sat back, waiting for Ben to share her outrage.

“That’s a good thing,” Ben said. “People should know what they’re doing when they order that sausage and pepperoni thick crust with extra cheese.”

“But that’s just the point! We don’t offer a couple dozen dishes the way this restaurant does. People can order their pizza with half a dozen different kinds of meat, twice that many vegetables, several different crust options, five different sauces, plus extra this or hold that—there are thousands of different combinations.”

Ben was taken aback. “I hadn’t thought of that. But the research I’ve been doing on patient education has me convinced that people really do need full health information presented to them. My patients have to understand their diagnosis or disease, plus the treatment options we’re considering, as they relate to the specific part of the body where the patient is having trouble. That might have as many permutations as your pizza ingredients.”

Their waiter arrived and Ben and Carmen ordered, pausing in their



conversation to discuss their choice of dishes.

Carmen jumped back in as soon as the waiter turned away. “Most people don’t even look at the menus, anyway—they know what kind of pizza they like. And they know that pizza is a bit of an indulgence. Maybe they just had a salad for lunch and plan to go roller skating after dinner. How is it my responsibility to police their health choices?”

“It’s not about policing,” Ben objected. “It’s about giving people the information they need to make good choices. I see that the nature of your product makes it hard to provide the information you’re being asked to provide, and that’s true for my patient education situation, too, but that doesn’t make it any less of a good idea.”

“Have you found a solution?” Carmen asked. “Maybe it’ll work for me, too.”

Ben smiled. “I’ve found this amazing library of 3-D medical images and

animations. It’s in the cloud, so we can all access them from every room—”

“Unlike anatomical models or charts,” Carmen put in.

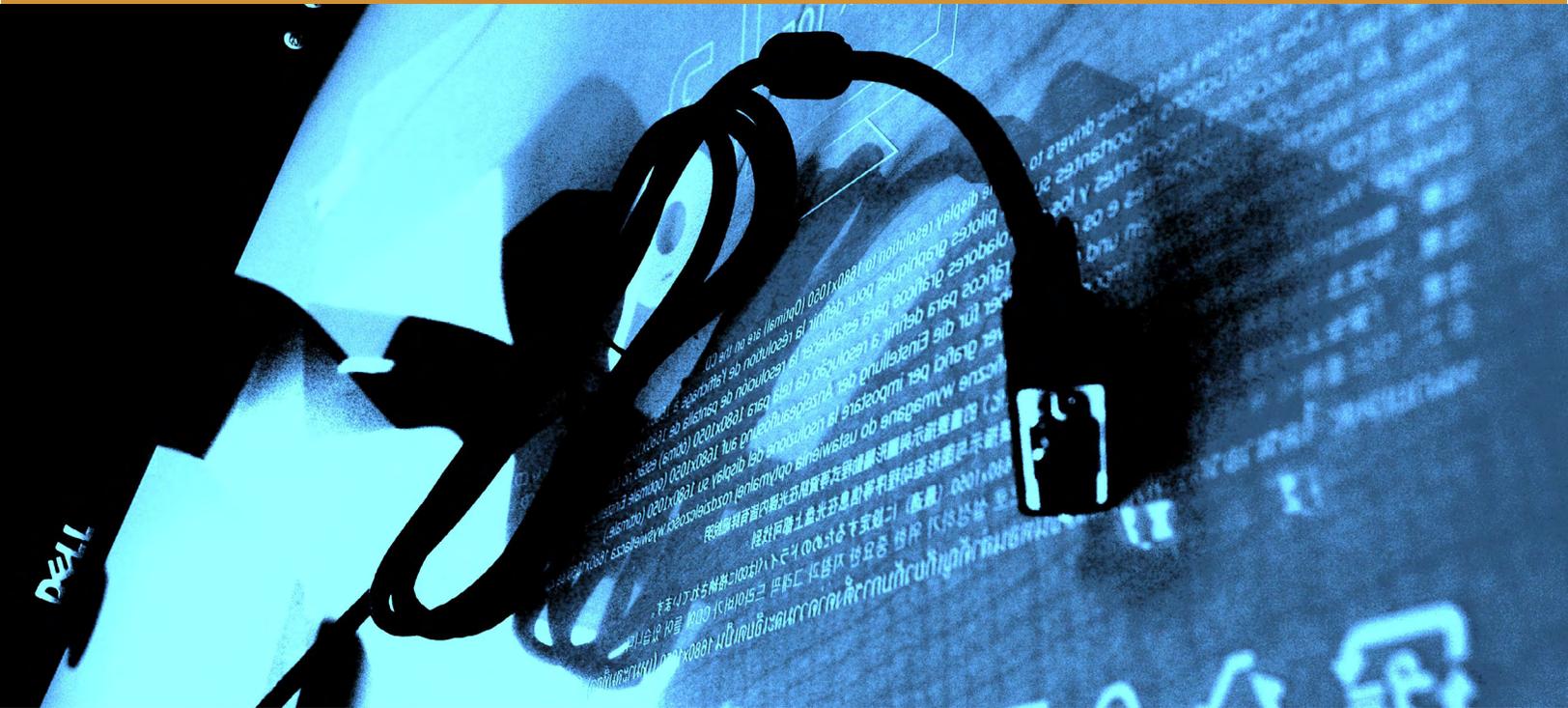
Ben nodded. “We can email patients custom reports to help them keep up at home—and it’s fully integrated with that new software system we’ve been planning to implement. That means that it’ll fit into the workflow instead of changing it—and I know the whole team will be happy about that. It’s a simple, elegant solution to a complicated problem.”

“It sounds perfect!”

“I think it will be. Ah, here’s our dinner. Now we can see about coming up with a solution for your health education issue.”

*Does the complexity of Dr. Ben’s patient education needs require a complicated solution?*

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