Transcript Details
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EMPOWER - Patient Communication: Building Trust and a Continuity of Care

Jacob Lang:
Hey everyone. I'm Jacob Lang and welcome to another special episode from the MOD Pod. This is the third installment of our new 2025 Empower Series, aimed at advancing optometric knowledge to help elevate our practices and patient care. Today's episode will specifically focus on patient communication, building trust, and a continuity of care with our patients. I'm honored as always to be joined by a couple of my colleagues, Dr. Jessica Yu and Dr. Paul Hammond are here with me. Thank you guys for being available to help me with this. Thank you for being experts in communication.

Jessica Yu:
Well, thanks for having me on, and it's always great to speak with you all. My practice is very contact lens focused. It's a specialty lens and ortho-k based practice, focusing on hard lenses, sclerals. Pretty much anything across the whole spectrum of contact lens care. I also do some routine care with normal soft contacts, but basically seeing patients across the whole continuum of ages. So it's been a privilege to really be a part of so many patients' lives as they are going through their eye care journey.

Jacob Lang:
Yeah, that's awesome. And then Dr. Paul Hammond, my neighbor to the north here, nearby my stomping grounds.

Paul Hammond:
Thanks for having me, Jake. Yes, I'm in Minneapolis as well. I'm a Glaucoma and Cornea Specialist at Twin Cities Eye Consultants here. Thank you very much. Appreciate the opportunity.

Jacob Lang:
It's an honor to be here with you. Again, I'm Jacob Lang. I'm at Associated Eye Care on the east side of the Twin Cities, so just down the street from Dr. Hammond. I can vouch for his clinical prowess and also his prowess on the golf course. So let's talk about value. Our patients are seeking value in their clinical care. They're seeking value when they're deciding who they see for their medical care. I think we're doing that in all walks of life, whether we're going to the grocery store or a restaurant, we're all seeking value all the time. What does value mean to our patients beyond clinical care?

Paul Hammond:
I think it's individual to each patient. Each patient is looking for something different, a different mix of connection with the doctor, treatment options, financial issues, and it's up to us to figure out what is that right mix for each patient. You need to build that trust right from the first visit. It takes experience to figure out what they're looking for, but eventually you want to find that right mixture and deliver for them, so they keep coming back and trusting you with their care.

Jacob Lang:
Yeah, yeah. How do you tease that out?

Paul Hammond:
Yeah, I think that's hard to put into words. I think it's kind of putting in the 10,000 hours to some degree, and figuring out the interpersonal things you pick up on in communication. And what did your texts bring out in the HPI and in the workup? And then just having a frank conversation about, what are you looking for here? What's important to you? Is it cost? Is it getting some sort of a resolution quickly, or do you want to try a more over-the-counter or natural pathway first? It just takes time and work and a lot of caring, frankly, in my opinion.

Jessica Yu:
I agree with Paul. That definitely has to be established from the beginning. It's that first impression from the patient as they come into our office, the experience they have with our technicians, with the staff, and then finally culminating in what happens in the exam room. But I think part of the magic too for the individual experience is that it's part spontaneity. You're responding to the patient live, that individual characteristic, as Paul said, that every experience is different. We can categorize and group them like, "Oh, we have people who really want to focus on their contacts. We have people who really have a lot of dry eye," whatever category you choose. But within that category, there are so many unique conversations that we have. And really, no two are truly truly the same. And I think it's recognizing that and being able to step outside of that standard conversation to show the patients that you're listening and that you're attending to what they're really seeking, even if they're not able to vocalize it.

Jacob Lang:
So really, I think what we're saying is patients, we want them, obviously build trust that the patient trusts our decision-making, that they trust our expertise, that they trust we're doing the best things for their eyes, and for their wallet, and for the longevity of their vision. When we're getting those patients to trust us with this, how do we get them to buy in? So let's use an example like Paul, I'll use for you the glaucoma patient, maybe glaucoma suspect. Because I find those are always hard because you're not really saying, "You have glaucoma," right? It's easy when your pressure is 65 and your cup's 0.9, it's a little bit more cut and dry. But sometimes this asymptomatic disease that can be in a gray area. What are some things you do to try and convince a patient or let them know that you're doing the best you can to prevent them or detect a sight threatening disease early, that might not be showing its hand up completely yet?

Paul Hammond:
Yeah, you're absolutely right. Those glaucoma suspects, they're almost more difficult to talk to sometimes because you could go so many different ways. Are you even going to treat the patient, and how often are they coming back? Not to mention, if you are going to treat what's important to them, do they just want something easy? There's a lot of trends towards interventional glaucoma these days, and I'm a big proponent of that for most patients, but some folks, they don't want to do that. They just want one drop a day, and if they tolerate it well and it's free for them with no copay at the pharmacy, then that might be the best choice.

Jacob Lang:
Yeah, it's really meeting the patient halfway is kind of what I'm hearing you saying, "Hey, we have some options here. I'm going to let you know what I'm thinking and you let me know what you're thinking too." Right?

Paul Hammond:
Yeah. And then on the treatment decision, what type of person are they? Are they quite concerned? Are they truly maybe over worrying about this glaucoma suspect diagnosis? Or are they on the other end of the spectrum where maybe they're not caring enough, and they don't understand the gravity of the situation?

Jacob Lang:
Yeah, we've seen those.

Paul Hammond:
That's where you have to see through and okay, what type of person am I dealing with here and how do we keep them in the middle of the road?

Jacob Lang:
Am I going to need to calm this patient down or am I going to need to put on my parenting hat and give them a good scolding, huh?

Paul Hammond:
Exactly.

Jacob Lang:
Yeah. Yeah. Jessica, what do you think about, so a contact lens patient? So you're seeing maybe some changes in the eye or a little neovascularization, or some infiltrates or maybe some old scars from old M case. How would you tailor that kind of conversation to establish trust and say, "We have to do something different with your contacts?" How do you explain that, even though they're asymptomatic or, "I'm fine, doc," how do you bridge those gaps?

Jessica Yu:
Well, usually I'll lead in with whatever it is I'm observing. So let's say it's the neovascularization. Your eye needs a little bit more oxygen. It happens when we're longtime contact lens wearers and understandably, it's that element of being able to relate to them. And I'm a

high myope, so of course people like us, we live in our contacts. It happens, and after wearing contacts for decades, it's just bound to have a little bit of blood vessel changes. And so it's a normal thing and I like to reassure them that. But it's also a good opportunity to review things like bad habits to not slowly develop, or things that we might accidentally let happen. But it's also to show we need to be firm and that the stance is we have to do something about it.

So if I'm going to say, "Well, I'm going to refit you in something that is much more permeable with oxygen, much more moisture," whatever verbiage we're going to use, "And I believe it's going to put you in a better place and your eye in a healthier place. It's not going to happen overnight. Just like all this change didn't happen overnight either." So I think it's about educating the patient about what you see, what you're planning on doing about it, and also reassuring them that this is not the end of the road for their contact lens wear. Because of course the fear is, "Am I going to suddenly not be able to wear contacts?" So there's that element of treading carefully. But also allowing the patient to make that final choice and to acknowledge they understand the decision has to be made and that they're willing to be your partner in that part of the journey.

Jacob Lang:
Yeah. Are you willing to meet me halfway again? That's great. You guys see different ages too, right? Jessica, you've probably seen doing some myopia management things and seeing some younger patients. With that younger vernacular, are you ever like, "Bro, your cornea is selling. I mean, it is selling, but don't worry, I'm alpha, I got this do." Do you ever use different communication styles, and have you embraced the lingo of these young people?

Jessica Yu:
I'm trying my best, trust me, but it's also helpful of course when the parents are in the room and they're bridging that gap sometimes for us. It's like if we're quizzical, at least the parent is like, "Oh my God," they're saying something that's helping us from also going, "Oh..." But you try to some degree to make it relatable, and depending on that teenager group is always a little bit tricky. The younger ones under 10, eight or nine, they're usually a little bit more fun to play with and to talk to that way. But the teenager group can be tricky and everybody has to find their comfortable style.

Jacob Lang:
I have a 13-year-old son, so I'm seeing some of this. And yeah, there's definitely some blank stares. I think the blood is busy growing this body and not necessarily nourishing the brain sometimes. So do you have any tips on things to engage these teenagers?

Jessica Yu:
Well, it's different with everybody, but it is about engaging them, I think. Because a lot of times as they're sitting there quiet and sullen, it's the mom or dad who's doing all the talking, and then you can feel the eye rolling. You can feel the shrugging and them shrinking into their seat. So a lot of it is also allowing the teenager to have a voice. I try to ask them questions, try to bring them into what they're doing with their habits, their different interests. And I'll pepper it through the exam. I won't just sit there and have that interview, so to speak.

It's more like a free casual conversation throughout the exam, but we'll talk and I try to make it as comfortable as possible. A lot of the myopia management kids, I see them every sometimes 3, 4, 6 months. It's more than the average annual. So we have a lot of time together in theory as we're going through the years. And so I'll try to make note of different interests I have and try to circle back to it, and make sure that they know that I'm interested in their life and they're just not a regular contact lens patient.

Paul Hammond:
My experience with the younger folks is a little more limited. Yeah, the occasional red eye. I had actually almost to a T, someone you're talking about last week, recovering from a contact lens ulcer, and yeah, man, you're just prying any words out of them, tooth and nail. But no, unfortunately I don't have any great tips or tricks or one-liners for them. I try and keep it light, but direct, and make sure they know we're talking about important things. And make sure they understand what they need to do to just make sure they hear it and get it through.

Jacob Lang:
Yeah, I think especially teenage age boys are pretty invincible. Having been one, I can vouch for that. And I think it's important to try and get across some of the longevity like, "You've only got two eyes. We've got to really take care of them." Giving them the worst case scenario, like consequences if this doesn't get better, if you don't take care of this, what really this will happen because I see bad things. What about older patients? Some of these more senior patients. I always get the, "Well, doc, don't worry, I'm not going to..." You might go blind in two years and they're saying, "Doc, I don't buy green bananas or a gallon of milk, right? So I'm not worried about two years." How do you address that, Paul?

Paul Hammond:
Yeah, that's more of the conversation I have a lot more of. Again, meeting the patient where they are, as far as age-wise, life

expectancy, severity of glaucoma, progression rate of glaucoma, what's important to them. Sometimes you find yourself in surprising situations where maybe someone only has one good seeing eye and the other eye, they're okay of letting go. And if they're 92 and maybe the life expectancy isn't that long, then understanding their life circumstances and not forcing them into additional, maybe difficult treatments or surgeries. Having the understanding of that and having the confidence to be okay with that, I wasn't ready for that necessarily right out of school or right out of residency. And that's taken some time to learn that sometimes that's okay and that's what's best for their quality of life.

Jacob Lang:
Yeah, I think that's a great point, and I agree with you, that is not something that's taught in school. We fight blindness till the death, but sometimes that's not right for the patient. And I think to your other point earlier about interventional options, like switching patients to something that might give them some more freedom. I know things are getting tougher and I see you have this progressive disease, whether it be mental or physical limitations that are progressing. Let's do something proactive to hopefully help take care of your vision now, so that if things do progress or things do get worse, that you don't have to worry about putting your drops in every night or getting to the pharmacy every month and things like that in real settings.

Paul Hammond:
Yeah, those are some of my favorite patients for these interventional pharmaceuticals, is the patients in the nursing home or maybe there's a loved one doing their drops for them every day because they can't do it due to arthritis or something of that nature. That's where it's a really good fit.

Jacob Lang:
Jessica, what about those patients, so those end of life patients, or maybe not that healthy of patients that have different limitations and different life expectancies, if you will, with some of these special contact lenses you're prescribing?

Jessica Yu:
Oh, for sure. I have a few actually, elderly patients. And elderly, I'm saying above 80, we'll call it, who I fit in scleral lenses. And they were of very sound mind, very active enough that they wanted the vision to be able to do the things that they enjoyed day to day. But physically, like you're saying, it's just there's limitations they can't control. And sometimes we're training their nurses, their aides, we encourage them, "Hey, come in, bring the person who's normally with you." And we're training them to help the patient put on lenses or take out lenses, or finding a schedule that can work. So I think it's spending the time to really work with the patient in whatever their situation is and offering that flexibility.

Jacob Lang:
That's great. A lot of patients associate value with monetary, like if it costs more, it's better or if it's cheap, that's a better value for me. But how do you talk to patients about costs, like transparency, their out-of-pocket costs and total costs when you're trying to explain value of your services?

Jessica Yu:
Well, I believe in the transparency for sure. So for any of the contact lens consultations I'm doing, we're quoting them prices upfront. So I have my receptionist, front desk staff quoting prices so that they know over the phone as they make the appointment, that it can be a range of prices, and that before we do anything that I will quote them, and I do once I examine them and I get an idea of what they need. And then I present the cost, we're breaking down, is it the fitting? Is it the lenses? Whatever that might be, whatever the insurance covers. As well as what that cost will cover as far as duration of time and care. And a lot of times I'm flexible.

I love doing all these hard lens fittings, so sometimes I am kind of just a little more flexible of, "Hey, if they need me at six months, if they need me at four months, yes." Technically it's outside of certain periods or this and that, but to me it's the continuity of care. It's the fact that the patient can feel comfortable knowing that they've paid X amount of dollars and that they're good for a long time, to get the care that they need because it's not always going to be at the interval that I might be quoting them initially. And I think that there's a certain something with them knowing the cost in advance, there's no surprises, and I think that's been helpful.

Jacob Lang:
Yeah, I always think written things are always good too. But Paul, what about if you're comparing topical treatments, glaucoma medications, versus some of the interventional stuff, implantable medications, for example? Do you discuss value with the patients about these different options and how do you educate patients on that?

Paul Hammond:
Unfortunately, it's almost like two different conversations. You've got the commercial patient that's a little younger and you've got the older patient that's on Medicare. And that does drive a lot of where you go sometimes, not only with glaucoma, but also MK and corneal

issues and bad dry eye. You want to go through, what does your insurance cover? Okay, do you have a deductible? Have you met your deductible? And then sometimes, as far as actual prescription medications, a lot of times it's like, "Well, I think this is what's best. We just have to send it in and find out. I can't tell you if this is going to be covered." They don't know their plan. We don't have time to look it up. So sometimes it's, "Okay, here's step 1, 2, and 3. I think this is best, let's go for it. If we can't get it, we'll find what the next best plan B is."

Jacob Lang:
Happens a lot in my clinic too. So with those technologies, are you guys using automated text messages for appointment reminders? Do you guys use a lot of portal messaging through your EHR system for communication or follow-up? Are you guys doing any like robocalls or even virtual appointments? I know that was all the rage during the COVID years.

Jessica Yu:
Yeah, it certainly is a fast evolution, it feels. We're dabbling in it here and there, and we're testing the waters on different fronts. We'll put it that way. I find it's a mixed bag. We're using it right now, texting for appointment confirmations, for example. And I think it's great. It is nice to not have to take the staff time, the phone call and all of that and the back and forth. It just is like, "Yes or no, are you coming?" But on the flip side, for certain other things, it can be a little cumbersome. So I know there's programs where you can chat and text with the patient, but there's certain things that I feel like it's a little precarious to open that door because the next thing you know, patients are going to be texting you and saying, "So how much is this going to be?" And it just opens up things that you don't want to converse about over text.

Jacob Lang:
Yeah, there's a fine line, isn't there?

Jessica Yu:
It is. It is. But for patient care related things, like if it's I want to talk with them or I want to discuss some medication maybe they're starting and find out how they're doing, I will just pick up the phone and call them. I find that it adds the personal touch. It can be a little more time-consuming. Sometimes you're playing phone tag, but I honestly haven't met a patient who hasn't been appreciative yet, so I'm hoping that's a good thing.

Jacob Lang:
So there's still a lot of power in the phone call, picking up the phone and hearing a voice.

Paul Hammond:
So we have been using automated recall notices, automated appointment reminders, also automated texts that go out to the patient after the visit asking for reviews. That's been really effective. So yeah, we have implemented a lot of these things and it's taken a lot of hours off of our staff's shoulders for sure.

Jacob Lang:
Great. That's a great point. So you guys actually text them afterwards like, "Hey, give us some feedback on your appointment, if you felt like it was a great day, leave a Google review for Dr. Hammond here," and help lead them down those paths?

Paul Hammond:
Exactly. Yeah.

Jacob Lang:
That's great.

Paul Hammond:
It's been really effective. And when we started that, it was really crazy to see how quickly our reviews grew.

Jacob Lang:
I had a patient recently that's outspoken person on the socials in the area community like Facebook pages and Instagram. So those community ones, whether it's Minneapolis word of mouth or whatever it is, and actually left a review of his experience and the interactions with even named the front desk person and the technicians. And then so-and-so took me back and did this test and that test and did this experience post. And I actually had three patients today say, "Hey, did you see you got tagged in so-and-so's post?" So it is people that have this kind of presence, it's a real thing. And it's kind of a community within the community now where there's these community sites. And so it'll be interesting to see how that evolves. And I think that's a huge word here is how that evolves with the communication within these social networks. The direct messaging and posts about experiences and ratings and all those stuff. So any other thoughts on things you've seen in your clinic with technologies or integration of communication with patients?

Jessica Yu:
I think when it has to do with particular points of their care, whether it's their health or certain things. For me, I reach out a lot or I have my staff reach out when some patients I know are trying new contacts or doing certain things or they had certain difficulties, for example. Or they've started new medication and they were a little tentative to start with. So sometimes a couple of weeks in, I'll have the staff give them a call and just check in and delegate that to them. And then they get back to me, and if I feel it requires more answers because the patient has questions, I'll reach out to the patient myself. Or if not, and the patient is just appreciative and they like the phone call, then it's great. But it is a fine line of trying to see where we can make that automation work for us, and that's I think what we're always trying to feel out.

Jacob Lang:
So in summary, I think we all talked about communication. We have to really find out how our patient likes to be communicated to, what works best, how we can engage the patient, how we can get them interactive with what we're doing to provide the best care for them and get them engaged, so they're embracing our recommendations. They're embracing the value that we're trying to provide with them, and so we want to show that, we need to communicate that. So staying in tune, trying those out, listening to what your colleagues, your peers, what other providers, like what your dermatologist might be using. Always great ways to think about how you can best communicate with your patients.

And then again, just embracing the communication back and forth and letting the patient know their options, that not necessarily there has to be one decision made, but we can start one way and then pivot in a different direction if we need to. I'm going to ask you both one piece of advice that you would give to your fellow optometrists that are looking to improve their patient communication skills. So how would you say to your colleague, your resident or student doctor, what's one piece of advice you might have to improve your communication skills in clinic?

Paul Hammond:
I think just over everything else, put the patient first. Truly listen to what they have to say and be open to what is best for them. Even if, like we talked about earlier, even if it's maybe not what you were okay with right coming out of school, but learning how to listen to people, deciphering what's really important to them, and then providing them with your expert opinion on which direction to go, that's where really listening to them really matters.

Jessica Yu:
Everything Paul said is all too true. It is being open and listening to the patient. And also letting the patient know that I think be a part of their care process, presenting them with different options and being flexible to hear what they have to say and what they feel, and then finding that best solution for them. And maybe it's a together kind of joint collaborative effort, with us leading as of course, the professional. But also letting the patient know that you want to hear what they feel and how they can either improve their lifestyle or find that this solution will make their lives better. Because ultimately that is our goal, to enhance not just their vision, but to make their life better.

Jacob Lang:
I love it. And I love how you said feel. That's something I say to my patients like, "This is what I'd like to do for your X, Y, or Z condition, but how does that make you feel?" And a lot of times it comes down to that. I don't feel like I can do that or, yeah, that sounds like a great idea, doc. So you just got to test the waters with your patient, get some feedback from them, so I love that. Awesome. Well, I just want to thank you guys again, Paul and Jessica, you've been such great leaders in our profession. I appreciate all the hard work you're doing for our patients, but also for optometry as a professional and for sharing your words of wisdom. Again, I am Dr. Jacob Lang, and I wanted to thank our audience for listening to this special episode of the MOD Pod. Please stay tuned for another installment of Empower Series coming your way soon.