

Patient-Provider Communication Gaps about Chronic Illness in Rural Appalachia: A Narrative Approach

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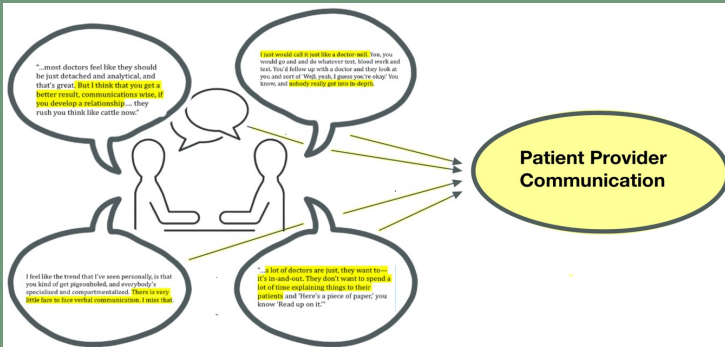
Background

Appalachian people suffer from chronic health conditions at among the highest rates in the USA. Chronic conditions require a higher degree of ongoing, patient-provider relationships to ensure positive care outcomes.

This study hypothesized that chronic health conditions in rural Appalachia are impacted by elements of the patient-provider relationship.

Methods

- Narrative Interviews
- Single 60+ minute narrative sessions with participants with chronic illnesses recruited from OMT clinic. Subjects of narratives: illness/diagnosis story, regional background, family history, health education, PCP communication
- Transcription (Otter)
 - Close reading of interviews as narratives
 - Codification & Identification of themes (Taguette)



Patient-Provider Communication Sub-Themes

Empathy, Humanism, & Rapport

"Most doctors feel like they should be just detached and analytical, and that's great. But I think that you get a better result, communications wise, if you develop a relationship. But of course if you do want to develop a relationship with your patients, it's a lot harder because they don't have enough time, because they rush you through like cattle now."

"Usually I go to MD, Doctor MD, or something like that...—[WebMD?—] Sometimes I take it and sometimes I don't, because you know, it can take you down this rabbit hole, or this one, you know, one extreme to the other."

"They have this great book that they gave you and it's got all kinds of information...journaling information and medication logs, everything."

Health Education

Time Spent with PCP

"We always plan to have the day...I noticed this time my bloodwork was put on his portal. He's already got the blood work...So, he might be a little faster." [It's most of the day, when you see him?] "Well, it'll take about three hours, but there's two of us. Yeah, we have 30 minute appointments. But he's never with us on time because he's taking care of his patients."

"I should have prepared questions beforehand. He came in, he stood over me—I'm being critical now'n'it shouldn't be. And, uh, 'how are you' and—He was out in five minutes, really. But I should have said 'Hey, hold on. I've had questions.' I intend to this time, when I go back."

"If my doctors aren't gonna take it seriously, than I have to, and I have to find somebody who will."

Patient Agency

Physician Retirement

[You said you liked Dr. C—, that he didn't miss anything and he took all the time you needed. Who are you seeing now? Do you have a primary physician?]

"It's been really hard since he's been—since he retired. I've been to two or three. I've ended up with Dr. Sh— here as a doctor, here. You have to have someone here."

Results

- 63 themes and sub-themes identified in over 150k words of transcript.
- Most prominent theme: physician-provider communication. Sub-themes included:
 - Empathy, humanism, & rapport
 - Health education
 - Time spent with primary care physicians
 - Patient agency, self-advocacy, & patient-centered decision making
 - Longevity of care & physician retirement

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Conclusion

- Physician communication and humanism, patient agency, and patient-centered decision making are important to patients.
- More trust was given to local primary care physicians with longevity of physician-patient relationship.
- We found that chronic illness was impacted by physician retirement, especially in this rural area.

Future work

- Initial and continuing education of primary care physicians should prioritize importance of patient-centered care, especially in rural areas where provider choices are slim.