Improving Patient Education in Dermatology

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THE PROBLEM

Patient education in dermatology, as well as in other specialties has been shown to have a strong positive impact on disease knowledge, treatment adherence, satisfaction, and health outcomes. However, an informational gap exists between what dermatologists believe they convey to patients in the clinic and what the patients actually understand once they go home. One contributing factor is a lack of adequate (both in quality and quantity) written patient information that patients can review at a later time. A pilot survey of our residents revealed that most provided written information <25% of the time in general dermatology clinics.

PROJECT GOAL

Among new patients with one of the 10 most common diagnoses seen in the Mt. Zion general dermatology clinic, to provide written diagnosis-related information for >80% of encounters in at least 3 of 4 quarters.

PROJECT PLAN

1. Diagnosis-related patient education handouts for the top 10 diagnoses were created (adapted with permission from the American Academy of Dermatology and approved by the UCSF dermatology department) and integrated into Epic as "smart phrases".
2. Resident education was provided regarding the intervention.
3. Patients were verbally counseled on their conditions and provided education hand-outs in the "After Visit Summary"
4. Applicable encounters were audited monthly. Residents received personal reminders if they were lagging.

RESULTS

The dermatology department accomplished its goal for quarters 1-3.

- The % of applicable patients receiving the correct handout increased from <25% at T0 to a mean of 86% over Q1-3.
- The % of clinic notes documenting that applicable patients received verbal education about their diagnosis increased from an unknown level (assumed <25%) to a mean of 98%.

LENSONS LEARNED

1. Epic is a valuable tool for providing patient education handouts.
2. This activity was well sustained as a component of visit workflow.

REMAINING QUESTIONS

Our project did not include any assessments of patient understanding, adherence or satisfaction. While this intervention clearly led to an increase in documentation of verbal counseling and an increase in provision of written disease information, we cannot assess whether these proxy measures translated to real patient outcomes.

MOVING FORWARD

1. Workflow enhancements to automate the inclusion of patient information in the AVS based on visit diagnoses might facilitate sustained improvement.
2. Patient surveys, especially among groups randomized to receive or not receive written information in their AVS documents, would help to assess whether this type of intervention achieves meaningful outcomes.

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