

SERIES: Caucus: New Jersey with Steve Adubato
TITLE: Informed Choices: Health Literacy
SHOW #: 1906
TIME: 26:46

STEVE ADUBATO, host:

Improving doctor-patient communication next on CAUCUS: NEW JERSEY.

Announcer: Major funding for this edition of CAUCUS: NEW JERSEY has been provided by Roche, Meridian Health, a partner in advancing medicine, and Horizon Blue Cross Blue Shield of New Jersey, making health care work.

Unidentified Woman: OK, everybody. We're going to begin. So today is your teaching OSCE, and...

PAULA M. LEVINE, segment producer:

These are third-year medical students at The New Jersey Medical School. What they are going to learn today is how to communicate better with their patients...

Unidentified Woman: Try to give concrete examples.

LEVINE: ...because health literacy depends to a great degree on the ability of physicians to convey information in plain and simple language. Two times during their family practice clerkship, they do what is called an OSCE, or objective structured clinical examination.

Dr. JUDY WASHINGTON (Assistant Clinical Professor of Family Medicine): What we do is we kind of slow down the process. We allow the students to, one, be observed, to get feedback on their clinical skills. But most importantly is assessing not only how they take a history, how they perform a physical and develop a diagnosis and treatment plan, but how they communicate that to the patient.

LEVINE: One by one, each student is given information about the patient they will be seeing. Then they're given 15 minutes to interact with that patient.

Ms. CLAUDIA MOSQUERO (3rd Year Medical Student): Hello. My name is student Dr. Mosquero.

Dr. WASHINGTON: While they're doing that, we're watching them on the VCR, and we're taping it, and we're watching it in real time. The students in the room actually then know the clinical scenario. And they know what--the student's supposed to be listening in the room, and so it kind of sets up for their feedback when they come back, when the student comes back into the room.

LEVINE: Claudia Mosquero was the first to go.

Ms. MOSQUERO: I was definitely nervous. I had some palpitations, definitely, and just, you know, really trying to make sure that I pace myself and that this accurately reflects how I would be with a real patient that walked in through the door to the clinic that I work at

now.

(To patient) To take a look...

LEVINE: But once she relaxed, things just seemed to flow.

Ms. MOSQUERO: We had very good eye contact. She was sharing very personal things about herself, her family. She was also drawn in. She wasn't reluctant to share anything with me. And, you know, she smiled every now and then. So those are the things that kind of reassure you that, you know, the interview's going well.

LEVINE: And her fellow students agreed.

Unidentified Student: You have, like, such a great rapport with them--the patient. And even she felt--she was tired, but she felt very comfortable talking to you, like you said before. And I think that is probably your best attribute.

LEVINE: There's also an evaluation by the patient and then the facilitator.

Dr. WASHINGTON: What do you think you could have done better or would improve upon?

Ms. MOSQUERO: I think I could have broadened more my differential as to what could be wrong with her.

Dr. WASHINGTON: We get a chance to see in the OSCE some things that they need to work on, whether it's not cutting the patient off, listening, how they--what their faces look like as they ask sensitive questions of a sexual history. So it's a way of kind of slowing it down and letting them think about how they interact with patients.

Unidentified Patient: (To Mosquero) And then I'm having some type of pain right by my forehead. I don't know if it's my sinus.

Ms. MOSQUERO: There is an extremely strong emphasis on what we call cultural competency, and that is how you interact with patients from different cultures, not necessarily just race and ethnicity; language barriers are included in that but also religious, sexual orientation. And I think that those are all very important things to consider when you're dealing with patients.

LEVINE: These role-playing exercises play an essential part in a medical student's ability to talk with patients and give them the tools they need.

Ms. MOSQUERO: Many of the scenarios that came up today are very common. So I'm sure I'll be doing a lot of things different. You know, I'll try definitely to engage more patients in terms of their knowledge and what they know about their illness. I think that's something that I really took away from this. It's how important that is in educating your patients.

Ms. MOSQUERO: Good morning, Carol.

CAROL: Hi.

Ms. MOSQUERO: How are you?

CAROL: Hi, Claudia.

Dr. WASHINGTON: The most important thing is that they take the time to really look at themselves critically, how they did, how they can improve.

LEVINE: And hopefully, once these students have finished school, they'll be able to bring these same skills out into the real world.

ADUBATO: Welcome to Informed Choices, a very special CAUCUS series looking at a range of health issues affecting New Jersey and the nation. I'm Steve Adubato. Getting the information you need from your physician and other health-care professionals is critical when making the right health decisions. But for many, it isn't really that easy. Here to discuss making informed choices are Dr. Terry Shlimbaum, who is medical director for outpatient teaching sites for Hunterdon Family Practice Residency Program--I'm surprised I got that out. Lois Greene, administrative director of the Cathedral Regional Cancer Center, located at St. Michael's Medical Center in beautiful Newark, New Jersey, my hometown. Helen Osborne, really great to have her with us. She is an author and health literacy expert who helps health providers communicate in ways that patients and families can better understand. And finally, our good friend Gideon Sofer, a Crohn's disease patient, who conducts a national campaign to raise awareness and money to fight inflammatory bowel disease.

I want to thank all of you for joining us on this part of our series looking at health literacy.

By the way, a quick definition of health literacy would be?

Ms. HELEN OSBORNE, M.Ed., OTR/L (Health Literacy Consultant): The ability to read, understand and communicate health information.

ADUBATO: Easier said than done, right?

Ms. OSBORNE: Much easier said than done. That's a simplistic answer at that. Health literacy really is about the two-way communication when patients and providers can truly understand each other. To me, that is when health literacy really happens.

ADUBATO: And in that spirit, I want to make it clear that Helen Osborne is the author of a wonderful book called "Health Literacy From A to Z: Practical Ways to Communicate Your Health Message." We're going to include this information along with a range of other valuable information in our free-of-charge Informed Choices resource guide. This particular edition will look at health literacy. Please call the number on your screen.

.JN

(Graphic on screen)

(973) 233-9886

.JY

ADUBATO: We promise from six to eight weeks we will--in six to eight weeks we will send you a resource guide with lots of valuable information. Gideon, your organization is going to be in there as well. You see the number on your screen.

Gideon, let me ask you. You've been with us on our sister program, "One-On-One." You've talked to us about some of the challenges that you had. You have not been physically well for a long time?

Mr. GIDEON SOFER (Living With Crohn's Disease): That's correct.

ADUBATO: You've dealt with a whole range of issues. The biggest communication challenge you have had dealing with your health issues would be?

Mr. SOFER: Well, I think that when, you know, a doctor--any doctor would treat a chronically ill patient, understanding the patient's position is the most difficult challenge to me, it seems like, for the doctor, because from, you know, being in the hospital for weeks at a time to having to deal with what a chronically ill patient deals with on a daily basis, it's very different from, you know, a provider's perspective to just come in and say, 'OK, we need to run, you know, a test or we need to give you this medication or we need to, you know, see you back, you know, within this amount of time...

ADUBATO: All the factual information?

Mr. SOFER: All the factual information.

ADUBATO: What's missing?

Mr. SOFER: Because doctors often know how to treat the disease, but they don't know how to treat the whole patient, because there's a life outside the disease that I deal with every day, too.

ADUBATO: Lois, let me ask you--so you can see why we have Gideon here with us.

Ms. LOIS GREENE (Administrative Director, Cathedral Regional Cancer Center): Absolutely.

ADUBATO: He's a tremendous advocate and a friend, and he's making a difference every time he's on the air. But this empathy part, that you (referring to Osborne) talk about in your book as well, how hard is it to truly empathize with your patients?

Ms. GREENE: For the health professionals?

ADUBATO: Yeah.

Ms. GREENE: Well, it's difficult, I think, because a lot of health professionals come from different perspectives. They come from sometimes the understanding that, 'We have the answer to your problem and we want to give it to you.' That's kind of a simplistic answer, and it's not for every disease.

I think what patients need to understand--or sometimes patients have that perspective. You know, 'You're my doctor. Tell me what to do.' They don't understand that there may be several choices, and I think being from an Americanized, you know, culture, we really want to be mindful that we want to give patients shared decision making. And if you come from a different culture, you might not understand that. If I'm coming to you as a physician, you're supposed to just tell me what to do, not ask me what I want to do.

ADUBATO: You know...

Ms. GREENE: So I think we need to understand--patients need to understand physicians, and certainly, physicians need to understand--I shouldn't say just physicians--but health professionals...

ADUBATO: Yeah.

Ms. GREENE: ...need to understand patients' perspectives.

ADUBATO: But Gideon made a great point. Treating the disease is one thing. Treating me, having me understand--having Gideon believe that his or her doctor and other health-care professionals--that they really care about him and his situation, that's a lot harder, right?

Dr. TERRY SHLIMBAUM (Hunterdon Family Practice Residency Program): We have people like Gideon to teach us how to do it.

Ms. GREENE: That's right.

ADUBATO: Why do we need Gideon to teach us? In all seriousness, why is the ability to be a good listener, the ability to translate complicated jargon that you learn in medical school to someone who didn't go to medical school, the ability to provide practical examples and anecdotes--something you talk about as well in your book--metaphors, analogies--why is that so hard?

Dr. SHLIMBAUM: Well, I don't think that that's part of our training, although that's certainly changing, and we saw that in the beginning of the piece.

ADUBATO: But we're way behind?

Ms. GREENE: Yeah.

Dr. SHLIMBAUM: We're way behind. We're way behind.

Ms. GREENE: We just need to be intentional about it and conscious...

ADUBATO: What does that mean, intentional?

Ms. GREENE: I mean, recognizing that not everybody speaks my language. When you're in medicine for a long period of time, it becomes very intrinsic, very natural for you to say...

ADUBATO: The jargon?

Ms. GREENE: ...take that BID and take...

ADUBATO: Taking that BID, which stands--hold on. Watch this. You know what that means, right?

Mr. SOFER: Twice a day.

Ms. GREENE: Right.

ADUBATO: So you know what that is...

Ms. GREENE: Now.

ADUBATO: ...while I have no idea. But why--when someone uses the jargon and the language, are you saying health-care professionals--by the way, we're not here in any way looking to bash or say negative things about health-care professionals who do a great job.

Ms. GREENE: Sure.

ADUBATO: Do they actually think the other person knows, or are they oblivious to it?

Ms. GREENE: Absolutely. Everybody else they're around all day long understands what they're saying, so they would think that the patient...

Mr. SOFER: But the patient does not.

Ms. GREENE: Right.

ADUBATO: But, Helen, there's no reason to think that the patient would.

Ms. OSBORNE: No. We go to health professional school to learn...

Ms. GREENE: How to say that language.

Ms. OSBORNE: ...that new language.

Ms. GREENE: It's true.

Ms. OSBORNE: And that's what hard about it.

Ms. GREENE: It's true.

Ms. OSBORNE: It's a form of shorthand.

Mr. SOFER: Well, I...

Ms. OSBORNE: And it's a shorthand that we use among ourselves as health providers, but it doesn't work when we're communicating with patients and family members.

Another point I...

ADUBATO: Sure.

Ms. OSBORNE: ...wanted to make--that I saw in a new video was about the role of education. And one of the physician students talked about educating patients. But to me, we don't just educate patients. We're learning and teaching together. We're learning and teaching with our patients. You have a lot to teach me. I have a lot to teach you. And we can learn from each other. So again, it's that two-way form of communication.

ADUBATO: But, Helen, go back. You make a great point and we are learning from Gideon, but--and again, the question is--I always say about feedback: feedback is a great gift, you just have to be prepared to receive it.

But here's the other question about the jargon, the lack of the analogies and the examples to make things clear. Say a physician or other health-care professional is communicating in a way that the patient's not getting, but the patient's too intimidated by the physician or the other health-care professional that they're just not saying anything. Do you have some concrete advice to patients so that they can proactively improve the communication experience? They can't do it alone, but what can they do specifically?

Ms. OSBORNE: There are a few things they can do specifically. One, is to say, 'Let me see, did I understand this clearly? When you told me to take this twice a day, do I take two pills at one time? Do I take one at breakfast, at lunch or one at breakfast and at nighttime? So both parties...

ADUBATO: Proactive.

Ms. OSBORNE: ...should be asking questions but also asking the other person to restate the information in his or her own words.

ADUBATO: You mean the doctor now? Or the health-care professional?

Ms. OSBORNE: Both.

Dr. SHLIMBAUM: From the provider's side.

ADUBATO: Whoa, whoa, whoa.

Ms. OSBORNE: The provider should be saying, you know, 'I prescribed this. Can you tell me when you go home, how will you explain this to your mother or to your friend?' And--but also, you can be saying, 'Let me see if I understood this clearly. When you told me how to take this medication, this is how I understood it.'

ADUBATO: You know, that makes perfect sense, and as someone who has studied communication--I was going to say effective communication, but I think what I've studied more than anything else is miscommunication. And that's how I learned.

Gideon, do you communicate in that way? Do you largely proactively say to the health-care professionals, 'I just want to get this straight. Are you saying that what I need to do'--is that the way you communicate now?

Mr. SOFER: Yes and no, because I've been in and out of the hospital and dealing with, you know, my condition for so long, I've been...

ADUBATO: How long?

Mr. SOFER: Dealing with Crohn's disease since birth, but they didn't diagnose it until I was 12 years old. So...

ADUBATO: Just do this, because you did that--this on "One-on-One," our other show. But tell folks--give people a sense, how many times have you been in the hospital?

Mr. SOFER: I stopped counting. At least over 20 times. But it's not really the number of times that you're in the hospital. It's really the intensity of what you're dealing with during the hospitalization. Because I was in the hospital for six months during 2003 after I graduated high school and have been unable to start college since.

ADUBATO: So you were a kid dealing with this. And how were you communicating as a kid?

Mr. SOFER: Well, early on I didn't understand what BID meant or, you know, all the jargon. And then, you know...

ADUBATO: Your mom's here with us. Was she communicating for you? Your mom's here over in the green room.

Mr. SOFER: Yeah.

ADUBATO: What were they doing?

Mr. SOFER: It's difficult to say. I mean, I know that when they communicate with her and when they communicate with me, I think that the most important thing that needs to be there is the trust factor. And in order to have that, it takes time. It really does take time to build up a rapport with your physician or health-care professional. And if that's missing, you know, then--you know, there's--the patient will feel more--I'll feel more reluctant to butt in and say, 'Wait a minute. You know, what does this mean? Or do you really think that this is the best choice to make? Or you know, why do you need this test?'

ADUBATO: But that's based on trust.

Mr. SOFER: That's based on trust.

ADUBATO: But here's the problem. What happens if you're seeing a physician for the first time? Lois, tell us. Gideon, who's very experienced, is saying 'Listen, I'm not going to talk to the health-care professional unless there's that level of trust.' But the first-time patient, or the first time you see the health-care professional, you have to do the same thing that Helen was saying.

Ms. GREENE: Right.

ADUBATO: It's no less important.

Ms. GREENE: I think, absolutely, what Helen was saying is so important. Asking questions. Sometimes--they say that patients lose 60 percent of their memory when they're naked. So when you take off their clothes a lot of times they can't remember the questions that they had when they were home that they wanted to ask this doctor that they were seeing for the first time. So, certainly, don't feel, you know, ashamed to come with a pre-set of questions that...

ADUBATO: OK, write down--let's be clear.

Ms. GREENE: Right.

ADUBATO: You write down a list of--by the way, can--you can have too many, can't you?

Ms. GREENE: Well, you know time is money with that.

ADUBATO: OK, say you come in with five questions that you really need to have answered. And by the way, you may add to that once you're there. But you come in with the five questions written down.

Ms. GREENE: Right.

ADUBATO: That's a smart move?

Ms. GREENE: Yeah, absolutely. Because you might not remember, and you hate to leave the office and then try and get back and say, 'Oh, I wanted to ask him this or I wanted to ask her that.'

ADUBATO: So I can write down my symptoms, and I say, 'Doctor or nurse or whomever, these are the things I'm feeling. Tell me what you think this means.'

Ms. GREENE: Right. Or 'I have questions about this.' Or--I deal with cancer patients, so certainly, you know, 'Is this the only treatment? Are there other things that I can do? What are my other options?' And be able to write those down, or bring someone with you so that somebody else can hear what the...

ADUBATO: Bring the--second piece of advice. By the way, a lot of this information is going to be included in our Informed Choices health literacy resource guide. You see the number on your screen. As I said before, we are public television, and within six to eight weeks we will send you a resource guide. But a lot--I think a one-pager that says here are the things you need to do when you go to see your doctor.

Ms. GREENE: Right.

ADUBATO: Doctor, I want to bring you back in. You were listening to Lois as well as Helen and Gideon talk about what you need to do. It that atypical, that patients actually come in that prepared to do this?

Dr. SHLIMBAUM: It is. It is, unfortunately. One of the things that we can do even on the first visit is to get things out into the

waiting rooms and so forth that allow people to be comfortable and establish a trusting relationship.

ADUBATO: For example?

Dr. SHLIMBAUM: Well, there are contracts that people can have, simple phrases saying you're going to be seeing the doctor or the provider and you're going to be asked a certain number of questions. Don't feel uncomfortable about this, you know, kind of thing. And please, it's extremely important for you...

ADUBATO: Right.

Dr. SHLIMBAUM: ...if you don't understand what was said to you, then please say that to the doctor and so that they...

ADUBATO: Yeah, but here's the problem...

Dr. SHLIMBAUM: ...they're aware that that's important to us as it is to them.

ADUBATO: Terry, I appreciate that point. But in reading Helen's material, one of the things that she said that I agree with, as someone who has done a lot of communication coaching, the worst thing you can ask--and I'm not saying you're saying this--one of the worst things you can ask a patient is: Do you understand?

Ms. GREENE: Yes.

ADUBATO: Why is that such a bad question?

Ms. OSBORNE: Because the person who doesn't understand will likely say yes and be thinking, 'Get me out of here as quickly as I can.'

ADUBATO: Or they actually think they understand but don't understand. How do you know what you don't know?

Ms. OSBORNE: For example, the terms 'drawing blood' has nothing to do with crayons. So a person may know the term 'drawing'...

Ms. GREENE: Right.

Ms. OSBORNE: ...and 'blood' and make a new inference that really does not have any relevance for that time.

One thing I think providers can do to help is to have some...

ADUBATO: Health-care providers.

Ms. OSBORNE: ...health-care providers can help patients--is to have some model questions. You might be very good at asking questions because you're very experienced. You're an expert at being a patient, which is what's happened because you've been hospitalized so many times. But many people are not as expert or as confident at being a patient. And what health-care providers can do, instead of saying, 'Do you have any questions?', which is a hard one to answer, you might say, 'Here's a question that a lot of people ask.' A lot of people

want to know, 'Do I have any other choices?' A lot of people want to know, 'What will happen when I go home?'

ADUBATO: What does that do for the patient?

Ms. OSBORNE: What that does is it opens the doors to asking...

ADUBATO: Right.

Ms. OSBORNE:questions, and it models the questions, and so it makes it easier to ask the next question.

ADUBATO: As opposed to: Do you have any questions? Because it's intimidating for some. They don't know where to start. They might have a million questions and they're embarrassed or awkward, so they don't ask anything. So you're saying the health-care provider has the responsibility to get that dialogue going.

Ms. OSBORNE: To start modeling it, yes. Also, people, particularly those who might be older, often are reluctant or unwilling to ask questions. I know my mother said she would never ask a question of a physician. That person was an authority and she would not ask a question.

ADUBATO: Your mom said that?

Ms. OSBORNE: She did.

ADUBATO: And this is your business.

Ms. OSBORNE: This is my business.

ADUBATO: What did you tell her?

Ms. OSBORNE: I told--at some point--she has since died, but at some point, I said to her, 'Is it OK if I ask questions for you?' And she said, 'Yes.' So that gets into bringing somebody with you, as you...

Dr. SHLIMBAUM: That's...

Ms. OSBORNE: ...were talking about.

ADUBATO: By the way, speaking of--I want to go back to Gideon. Gideon, I want to give a plug to your foundation, which has been doing terrific work. It's going to be included in our resource guide, but tell everyone what it is and why it's important.

Mr. SOFER: Well, when I was in high school, I originally started a campaign to convince the United States Postal Service to issue an awareness stamp for Crohn's, and...

ADUBATO: An awareness stamp for Crohn's?

Mr. SOFER: Yeah, an awareness stamp.

ADUBATO: You're a big stamp collector, so go ahead. I started collecting stamps when I was in middle school. And, you know, when I

had surgery during my initial diagnosis for Crohn's, I realized that a lot of health-care professionals really didn't have--weren't really informed as to what Crohn's was and, you know, the nature of the disease. And it wasn't necessarily just because, you know, they weren't specialists in Crohn's disease. It was because--that the disease is just so unique, and there's really a lack of awareness out there.

ADUBATO: So the foundation is dedicated to?

Mr. SOFER: The foundation is dedicated to increasing awareness and enhancing the funding for research for Crohn's disease and ulcerative colitis.

ADUBATO: Excellent. We're going to include that in the resource guide.

Lois, let me come back to you. Cultural competency was mentioned in the taped piece as well as language barriers.

Ms. GREENE: Yeah.

ADUBATO: How big? How serious when it comes to health literacy?

Ms. GREENE: It depends on the population that you're working with. Certainly, if you're in, you know, one place where the cultures are all the same, it cannot be as much of a...

ADUBATO: I don't know where that is anymore. But go ahead.

Ms. GREENE: Yeah, exactly. I've been in Newark a long time, so that cannot be an issue. But when you're in a place where there are many different cultures all coming together, it's huge. I've had women who are--you know, females that--you--we have a standard male practitioner. And in their culture, it's really unacceptable for a male to touch them. So...

ADUBATO: So what do you do?

Ms. GREENE: Well, 'You don't want to be examined?' 'No.' They don't understand that this might not be just, 'I'm just refusing,' and in health care, we're like, 'Well, they're just not complying, or they're refusing...

ADUBATO: They're not compliant.

Ms. GREENE: ...treatment,' because they don't understand the culture of the person they may be speaking with.

ADUBATO: Well, then how--then what do health-care professionals do to better understand that culturally, for that woman, it just...

Ms. GREENE: Ask questions. Again, it's simple. It seems like so simple, but when you...

Dr. SHLIMBAUM: The big thing is to ask them what's acceptable...

Ms. GREENE: Ask--exactly.

Dr. SHLIMBAUM: ...right from the start.

Ms. GREENE: Yeah.

Dr. SHLIMBAUM: Because once you have a knowledge of that, then we can interact to say, 'This is--my situation here is I'm trying to find out what's going on. Help me to get to where we...

ADUBATO: Help me help you?

Dr. SHLIMBAUM: Yeah.

Ms. GREENE: And patients have a responsibility, too, to share that with a physician. It's not just, 'No.' Although just like Helen's mom, there are some cultures who--they don't question. The doctor says something and they just say--they respond, 'Yes.'

ADUBATO: Yeah, but see, you keep putting it back on the patient, and I know it's...

Ms. GREENE: It's--it's shared.

ADUBATO: ...a shared responsibility, but it seems to me that there's so many barriers, so many barriers for patients for cultural, for gender reasons, for--if she's of age and all kinds of other reasons. Isn't, ultimately, the onus on the health-care professional to get the thing going? Am I being unfair?

Mr. SOFER: That's their job.

Ms. GREENE: Yes.

Mr. SOFER: That's why they're there. They're there to help the patient and help improve their life. And it's not just improving their life from a chemical standpoint. It's improving their life all around. And I think that, you know, a good example that I see from, you know, visiting a health-care professional for a first time is that the last thing the patient wants to feel is that the health-care professional is in a rush...

ADUBATO: Oh, boy.

Mr. SOFER: ...or needs to go somewhere.

Ms. OSBORNE: Right.

Mr. SOFER: And oftentimes when I have gotten a separate opinion from a different health-care professional, I make my initial judgment based on how comfortable the communication was during that first experience with them.

ADUBATO: If it's rushed or you're feeling like he or she's interrupting you and finishing your sentences like I just did to you?

Mr. SOFER: Forget it. Forget it, because my--I don't want to be

treated by a doctor who's going to come in, write orders and not tell me what tests I'm going through today.

ADUBATO: He's got the best clinical reputation, Gideon, and you say?

Mr. SOFER: (Shakes head negatively)

ADUBATO: He's got a great reputation, but he keeps cutting you off?

Mr. SOFER: (Shakes head negatively) He's not my doctor.

ADUBATO: You get what he's saying?

Ms. GREENE: I hear it, but things have changed. I mean, the climate...

ADUBATO: Dramatically?

Ms. GREENE: Dramatically. When I came into nursing, I didn't even know what the patient's insurance policy was. It wasn't an issue for me. I didn't care. I was there to care for the patient. Now? Oh, yes, I know, because it's very important, and it's important for my facilitating...

ADUBATO: That's you.

Ms. GREENE: ...the patient's care.

ADUBATO: You're really good.

Ms. GREENE: Oh, my...

ADUBATO: No, that's why you're here. I'm serious.

Ms. GREENE: Yeah, but it's a different world. And understanding that health care used to be--and I can appreciate. There are many, many health professionals who are in health care because they want to care for patients.

ADUBATO: Right.

Ms. GREENE: But it is a business, and patients need to understand that, that a lot of times it's expedient for them to have you get out of their way because they've got to see a certain number of patients in a certain amount of time because, you know, the hospital administrator is looking at their numbers. There's a lot of factors...

Mr. SOFER: Well, yes and no.

ADUBATO: Two seconds left. Go ahead.

Mr. SOFER: Yes and no, but that adversely affected me because, if you see a doctor that doesn't invest the time in your case and you have a complicated case like I do, then they--he might not--he might miss things, and that might cause you to be in the hospital longer, or it might even risk your life.

ADUBATO: Helen, to Gideon's point, there's an impact--poor literacy, if you will, poor communications can have a devastating health-care impact, correct?

Ms. OSBORNE: Yes. Not being able to understand...

ADUBATO: Few seconds. Go ahead.

Ms. OSBORNE: ...your health information certainly can affect patients and providers alike. You might be re-admitted. You might have a side effect you didn't expect, could have been prevented if you did understand. Providers also bear the burden of that, and--when they don't understand fully what a patient is all about and all the special learning needs and who that person is and the culture biases a person brings. Health literacy really is an interest and a concern for both patients and providers.

ADUBATO: So much more work to do. We'll keep talking off the air. Thank you so much.

Announcer: If you would like more information about this program or if you'd like to express an opinion, e-mail us at info@caucusnj.org, and visit us on the World Wide Web at www.caucusnj.org.

The preceding program has been a production of the Caucus Educational Corporation, Rutgers Newark, NJN Public Television and Thirteen WNET New York.

Major funding for this edition of CAUCUS: NEW JERSEY has been provided by Roche, Meridian Health, a partner in advancing medicine, and Horizon Blue Cross Blue Shield of New Jersey, making health care work.

Promotional support provided by NJBIZ, all business, all New Jersey; CN8, the Comcast Network; and New Jersey Monthly, the magazine of the Garden State, available at newsstands.