

## Controlling “White Coat” Syndrome

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Dr. Stefanacci continues to build on his work as the 2003-2004 Health Policy Scholar at the Centers for Medicare & Medicaid Services (CMS), where he helped develop and implement the Medicare Part D Pharmacy Benefit. He is currently creating a LTC Management Degree Program for undergraduate and graduate students in the Geriatric Health Program, Center for Medicare Medication Management (cm<sup>3</sup>), Mayes College, University of the Sciences in Philadelphia (USP).

As a geriatrician, Dr. Stefanacci has worked in LTC for decades as medical director for several nursing facilities and continuing care retirement communities. He has also served as a medical director for primary care private practices, full-risk provider groups, Medicare + Choice HMO (M+C) programs, and the PACE (Program for All-inclusive Care for the Elderly) program in Philadelphia. Dr. Stefanacci provides direct patient care for the St. Agnes LIFE program and works with Newcourtland on innovative LTC services such as electronic dispensing and prescribing systems for the company's facilities. He also serves as executive director of HepTREC, the Delaware Valley Hepatitis Treatment, Research and Education Center.

A graduate of A.T. Still University, Dr. Stefanacci completed his clinical training at the University of Medicine and Dentistry of New Jersey in Internal Medicine and earned a fellowship in Geriatrics at the same institution.

Dr. Stefanacci participates actively in the American Medical Directors Association (AMDA), Academy of Managed Care Pharmacy, American Society of Consultant Pharmacists (ASCP), and the American Geriatrics Society (AGS). He is a fellow in both the College of Physicians of Philadelphia and AGS and an honorary lifetime member of ASCP. He is editor-in-chief of *Assisted Living Consult* and *Medicare Patient Management* and serves on the editorial boards of *Consultant Pharmacist*, *American Psychiatry News*, *LTC Interface*, *Managed Care*, and *Jefferson's Health Policy Newsletter*.

Dr. Stefanacci's proudest accomplishment is as founder and member of the board of directors of [www.Go4TheGoal.org](http://www.Go4TheGoal.org).

We are all probably familiar with the traditional “white coat” syndrome—the physician walks into an examination room in a white coat and the patient's blood pressure elevates. The result is that this is not a true picture of the patient's blood pressure and can result in the development of an inappropriate care plan for this patient.

This is typically how we think about “white coat” syndrome (see also, “Technology & Information” on page 31 of this issue). But another even more problematic response to the white coat is patients who give answers that aren't true but are what they believe the physician wants to hear.

Take the case of Mrs. Jones, an elderly patient who presents with no particular complaint. Her blood pressure is elevated as it has been on previous office visits, so the physician prescribes an antihypertensive. The patient returns home, takes the antihypertensive agent for a few days, and then because she feels “bad,” discontinues the medication. On the return visit, Mrs. Jones tells the physician that everything is fine with the medication, which she claims to be taking as directed. But her blood pressure is still elevated so the physician adds another agent. With two agents for her blood pressure and a stern warning about the importance of blood pressure control, Mrs. Jones goes home and takes both medications. She becomes hypotensive and suffers a fall.

These “white coat” syndromes can be avoided by incorporating several easy tools, including patient logs, medication brown bags, and caregiver accompaniment on visits. Let's take a moment to examine each of these.

### Empowering Patients with Information

Asking more questions during a visit to the doctor might help patients get care that is more satisfactory, but many patients are not sure where to start (see “Tools to Control White-Coat Syndrome”). A new review of 33 studies found that giving patients question checklists or providing in-office coaching can help them ask more questions of their health care provider and get more information that is useful—often extending the length of the consultation as well. In general, these interventions produced small increases in patient satisfaction, plus a reduction in patient anxiety before and after visits.<sup>1</sup>

## Tools to Control “White Coat” Syndrome

### Empower patients for each medical visit.

- Encourage patients to write an outline of information they wish to tell their physician.
- Encourage caregivers to attend medical visits with patients.

### Provide clinicians with accurate information.

- Have patients monitor critical vital signs at home and keep a log of results.
- Ask patients to “brown bag” all their medications and bring them to each medical visit.

The US Preventive Medicine offers 12 key tips to help consumers get the most out of their annual physical<sup>2</sup>:

#### 1. Prioritize and verbalize personal concerns and goals.

Before each appointment, identify all primary health and wellness concerns, expectations and goals for the visit. Address these with your doctor.

#### 2. Review family medical history.

Many diseases have a strong hereditary component. Make sure you know your family history and provide a detailed outline to your doctor.

#### 3. Get an examination the old-fashioned way.

A thorough physical exam is needed for early detection and prevention.

#### 4. Address the potential for metabolic syndrome.

Metabolic syndrome increases the risk of developing diabetes and cardiovascular disease and is easily diagnosed through a cholesterol or lipid profile, a blood glucose (sugar) test, blood pressure readings, and measurement of waist circumference. Ask if you should be assessed for it.

#### 5. Ask about screening for chronic diseases.

Early detection leads to improved prognosis for most common chronic diseases, such as heart disease, cancer, and diabetes. Talk to your doctor about a schedule of recommended preventive screenings.

#### 6. Discuss unhealthy habits or lifestyle choices.

The confidential nature of the doctor-patient relationship provides a safety zone to freely discuss concerns about potentially dangerous habits or lifestyle choices. Issues that should routinely be addressed include tobacco use, alcohol intake, eating disorders, medication overuse, and unsafe sexual practices.

#### 7. Evaluate the best diet.

Discuss nutrition with your doctor at each annual physical and consider consultation with a registered dietitian to determine the best diet to satisfy individual medical concerns.

#### 8. Create an exercise regimen, even if you have physical limitations.

Some people may have physical conditions that they assume limit or negate their ability to follow a beneficial exercise regime. Ask for a referral to a clinical exercise physiologist, physical therapist, or cardiac rehabilitation program for an exercise evaluation and individualized prescription.

#### 9. Discuss mental health issues.

There is strong scientific evidence that stress, anxiety, and depression have significant effects on physical well-being. Each annual physical should include an open discussion of personal stressors (occupational concerns, financial difficulties, family illness, elderly relatives, etc.) and symptoms of anxiety, irritability, tension, or depression.

#### 10. Evaluate sleep patterns.

Discuss sleep patterns and note any loud or disruptive snoring, periods of apnea (pauses in breathing), or drowsiness during the daytime. Mention difficulties with frequent urination during the night, insomnia, restless legs, and early morning awakening because these are symptoms that may indicate other medical conditions.

#### 11. Review all of prescription and over-the-counter medications you currently take.

Provide your doctor with a complete list of all prescription and over-the-counter medications, vitamins, herbs, or other supplements that you are taking or have recently taken.

#### 12. Keep a personal copy of the paperwork.

Request a copy of all laboratory work, diagnostic studies, consultations, and the physician’s report for your personal records. Maintain a notebook or binder with all of your medical records and nutritional or exercise recommendations.

### Caregivers

An associate of mine relates the following story that illustrates the power of having a caregiver present in the exam room during senior patient examinations. The visit was a typical one with a regular patient who has been with the practice for some time. During this visit, the patient acknowledged that everything was going fine with her medications, blood pressure, and

sugar. In fact, the patient described in detail a recent trip to Florida with her sister.

The problem was that after the evaluation, my associate walked the patient to the waiting room where a very concerned son was waiting. The doctor stated that everything was fine and went on to restate the story about the Florida trip. At this point the son's face turned white as he stated that his aunt had died more than a year ago and his mother had not left the house in some time. This information called into question all of her responses about management of her diabetes and hypertension. It signaled cognitive impairment with some component of psychosis. By simply having a caregiver present in the exam room, more honest answers and a complete history of changes in cognition, behavior, and function can be gained.

### Home Monitoring

Technology is now available to provide sophisticated home monitoring that would have prevented Mrs. Jones' fracture had she been provided a home blood pressure cuff that could accurately record her blood pressure during the course of her normal day.

Several companies offer this type of monitoring and beyond. Some systems can be used to collect and transmit the physiologic data of patients with chronic diseases such as diabetes, asthma, hypertension, and congestive heart failure (CHF). A high-resolution camera can digitally bring a health care provider into the patient's home. As these systems develop in sophistication, their use in more patient homes will provide clinicians with more valuable information to provide better care for their patients.



### Brown Bag

Brown bagging is a process in which patients take all of their medications with them to each physician visit. In a review of patients' views of the value of "brown bag" medication reviews, Alan Nathan and colleagues found that patients perceived the following benefits from brown bag reviews<sup>3</sup>: clinical problems were resolved; they had a better understanding of their medications, leading to increased confidence; and they appreciated that their physician took an interest in their health care. Medication reviews gave patients a sense of empowerment and made them realize that they had a right to information about their medical treatment and medication and the reviews enhanced relationships between patients and clinicians. However, some patients still perceived their doctor as the authoritative source of information about medicines. Patients' accounts indicated that much of the information provided by the clinicians was new, raising the issue of what information was routinely being provided by clinicians.

### Controlling the "White Coat" Syndrome

So as we move to an environment in which Medicare providers will be held accountable for outcomes, it's important to remember to work with patients and their caregivers to ensure better outcomes. Get accurate information to help develop a care plan.

President Obama's Medicare plan (see page 13 of this issue) is based on promoting efficient and effective models of care—models that can produce quality outcomes. This move will require Medicare providers to develop systems to ensure the best management of their senior patients. *Medicare Patient Management* will continue to describe in detail the impact of these changes and what you need to know and do to improve the health for your patients and practice. [MPM](#)

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### References

1. Kinnersley P, Edwards A, Hood K, Cadbury N, Ryan R, Prout H, Owen D, MacBeth F, Butow P, Butler C. Interventions before consultations for helping patients address their information needs. *Cochrane Database of Systematic Reviews* 2007, Issue 3. Art. No.: CD004565. DOI: 10.1002/14651858.CD004565.pub2.
2. Twelve tips to help seniors get the most from their doctor visit. Senior Journal.com Web site. <http://seniorjournal.com/NEWS/Health/2007/7-04-18-TwelveTips.htm>. Accessed December 8, 2008.
3. Nathan A, Goodyer L, Lovejoy A, Rashid A. 'Brown bag' medication reviews as a means of optimizing patients' use of medication and of identifying potential clinical problems. *Fam Pract.* 1999;16(3):278-282.