PS1-32:

Doctor's Role in Their Patient's Healing: Practices of the Highest Performing Physicians by Patient Survey

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Background: The MD Patient Communication Study aims were to improve the best practice communication behaviors of physicians during outpatient clinic visits and to collect physician perspectives of communication behaviors. Researchers have consistently found the top predictors of overall patient satisfaction are quality of the physician-patient relationship and contributing communications. There is limited understanding however, of the range of specific behaviors in the interaction associated with positive and negative patient perceptions and reactions. **Methods:** In phase 1, we conducted a naturalistic, observational study of 55 Kaiser Permanente Primary Care physician-patient visits using videotape recordings, and incorporating patient and physician reactions to the tape. The physicians, who practiced in Los Angeles and Honolulu, spanned the three strata of high, medium, and low historical patient satisfaction scores. In phase 2, a standardized six-question set was posed in semi-structured, 60-minute interviews to 77 of the highest-performing physicians on this patient survey, including 20 of the highest performers (top 5%) from the LA and Honolulu groups and 42 and 15, respectively, of the highest performing physicians in Portland and Oakland. These interviews were audio taped with permission, transcribed and coded for patterns. **Results:** This abstract addresses the 4th question: What role do you feel you play in your patients' healing? Do you think you, as a doctor, contribute to your patients' healing through non-technical, non-physical, or non-scientific ways? All physicians agreed but varied in their role. Representative quotes: Giving people the confidence to go through something. People feel better coming in and seeing/talking to you. People realizing they have the power to heal themselves their involvement is essential. Our relationship: Interpersonal connection is so powerful. The art of medicine is the art of healing. These narratives provide deep, coherent learning about physicians' role in healing: relationship, education, empowerment, emotion, personal connection, hope. **Conclusions:** With primary care in crisis nationally, and specialists increasingly procedure-focused, understanding physicians' role in patients' healing, especially as it creates high patient satisfaction, is of great importance to sustaining the highest quality medical care and service.

Diabetes

C-B4-01:

Educator Experience with Group Interactive Dialogue to Educate and Activate (IDEA) Using Conversation Maps

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Aims: In order to improve self-efficacy and clinical outcomes for people with diabetes, new approaches using more interactive methods of group education are being promoted. We report results of an educator evaluation of IDEA to assist others who may be interested in starting similar groups in their care settings. **Methods:** A qualitative analysis was conducted as part of an ongoing randomized trial comparing two different educational interventions (Group IDEA and Individual Education) to Usual Care. As part of the study, educators at HealthPartners clinics in Minneapolis, MN and ABQ HealthPartners in Albuquerque, NM were trained on how to use Conversation Maps (CM). All educators completed a Likert scale questionnaire after each CM session with responses from 1-10 (10 being the best). An open-ended evaluation form was also used to solicit positive and negative opinions about the sessions. **Analysis:** The data consisted of 48 nurse and dietitian

evaluations from two sites. The mean Likert scores of the educational experience were calculated and compared for each site and for each of the four CM topics (general information, monitoring, nutrition, and complications). All eight research team members also reviewed answers to the open-ended questions and group consensus was used to describe positive and negative themes. **Results:** Educator rated Likert scores of map sessions were excellent (mean scores for Maps 1, 2, 3, 4: Overall success 8.3, 7.6, 7.7, 8.8; Ease and comfort levels in facilitation 8.9, 8.9, 9.2, 9.5; Patient motivation to self-manage 7.7, 6.9, 8, 8.8). Scores did not differ significantly across sites or between maps. Positive comments on the maps outweighed the negatives. The challenges identified were: (1) Disruptive (especially angry or negative) people; (2) Distracting topics raised by patients and late arrivals; (3) Variable reading levels among patients (too hard or too easy); and (4) Not enough time to cover the content (especially nutrition). **Conclusions:** The IDEA method was perceived positively by educators due to its ability to promote patient interaction, sharing, and meaningful discussion. To be successful, however, educators need tips and practice on handling disruptive patients, distractions, variance in literacy, and covering intended nutritional content in a group context.

C-B4-02:

Effect of Point-of-Care A1c Testing in Primary Care Clinics on Diabetes Medication Intensification

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Background: A1c results are often not available until after the outpatient visit is completed. Despite the potential for rapid point-of-care (POC) A1c testing to improve the process of diabetes care, published results have not conclusively shown a link to improved diabetes care in primary care settings. **Methods:** All HealthPartners Medical Group primary care clinics use protocols for nurses to remind patients with diabetes to have A1c tested before upcoming medical appointments. In June 2007, one clinic began POC A1c testing for all diabetic patients who did not have an A1c in the previous six months or if the most recent A1c was more than 1 month old and >7%. Using generalized linear mixed model regression, we compared diabetes medication intensification at encounters with diabetes patients in the pre testing period (PRE, 6/1/06-5/31/07, 22932 encounters) and post testing period (POST, 6/1/07-5/31/08, 27056 encounters) at the intervention clinic and five comparison clinics with no POC A1c testing capability. **Results:** The analysis included 3261 patients (mean age 57, 29% minority, median encounters 8/year) seen by 42 primary care physicians (PCP). The median A1c PRE was 7.2% at the intervention clinic, 6.9% at comparison clinics. At intervention clinic encounters, mean days since A1c testing fell from 72 to 44 (with 60% of POST encounters preceded by an A1c less than 1 month old), while there was no change PRE to POST at the comparison clinics. Medication was intensified at 16.3% of PRE encounters with the PCP when A1c was >7% at the intervention clinic, compared to 15.6% at the comparison clinics. Medication was intensified at 12.8% of POST encounters with the PCP when A1c was >7% at the intervention clinic, compared to 12.6% at the comparison clinics ($P=0.92$). Medication intensification also did not differ at other types of encounters (A1c <7%, not with PCP). **Conclusions:** These results add to previous research by examining a mediating step between POC A1c testing and improved glycemic control. Despite more recent A1c test results, medication intensification was not greater in the primary care clinic using POC A1c testing.