Research and System Changes/Shared Decision-Making

C-B3-01:

Medical Homes – Relation to Quality, Cost, and Patient Satisfaction

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Background: Medical homes are widely viewed as a partial answer to the problems of inadequate care quality and patient experiences plus excessive healthcare costs, even though there is very limited evidence about whether they can affect these issues. We evaluated the relationship between degree of medical home-ness and measures of quality and patient satisfaction among 21 primary care clinics certified as level III medical homes by the National Committee for Quality Assurance (NCQA). **Methods:** We used the research version of the NCQA certification survey to measure the degree to which each clinic exemplified the medical home, with scores (0-100) overall as well as for each of five domains from the Chronic Care Model. These scores were then tested for associations with clinic-specific performance measures, cost data, and patient satisfaction. **Results:** Despite common NCQA level III attainment, we found considerable variance in scores among these clinics. Total and domain mean scores ranged from 58.6 to 81.8 with SD of 15.0-41.2 on medical home measures. Mean composite diabetes outcome rates ranged from 16.4-41.9%. Clinic-level correlations were highest for Delivery System Redesign and Healthcare Organization domains, and among the five specific components of the composite diabetes measure, blood pressure <130/80 was highest. Mean rate of "Definitely would recommend this office" was 83+5.6% with highest correlation with Decision Support. **Conclusions:** Even within the same medical group, individual clinics all certified as high level medical homes have substantial variance in care quality and patient satisfaction. Further analyses will be done for costs of care and for other performance measures and will adjust for patient factors in order to clarify how well aspects of the medical home that are assessed in the current certification process are associated with quality, cost, and satisfaction.

Keywords: Medical homes, Quality of medical home care, medical home assessments

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C-B3-02:

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

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Background and Aims: The MD-Patient Communication Study aims were 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 fifty-five, 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.

Keywords: MD-Patient Communication Study, Communication behaviors of physicians, Physician-patient relationships

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C-B3-03:

Development and Pilot Testing of Guidelines to Monitor High-Risk Medications in the Ambulatory Setting

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Background: Inadequate laboratory monitoring of high-risk medications contributes to preventable adverse drug events. One barrier to appropriate monitoring is lack of standardized monitoring guidelines. The study aims were to develop guidelines to monitor high-risk medications and to assess the prevalence of laboratory testing for these medications in a multispecialty group practice. **Methods:** We developed guidelines for laboratory monitoring of high-risk medications as part of a patient safety intervention trial. An advisory committee of national experts and local leaders (clinicians, pharmacists, pharmacoepidemiologists, and patient safety experts) used a two-round, internet-based Delphi process to select guideline medications based on the importance of monitoring for efficacy, safety, and drug-drug interactions. Test frequency recommendations were developed by academic pharmacists based on literature review and local interdisciplinary consensus. To estimate the potential impact of the intervention, we determined the prevalence of high-risk drug dispensings and laboratory testing for guideline medications between January 1, 2008 and July 31, 2008. **Results:** Consensus on medications to include in the guidelines was achieved in two rounds. Final guidelines included 35 drugs/drug classes and 61 laboratory tests. The prevalence of monitoring ranged from <50% to >90%, with infrequently prescribed drugs having a lower prevalence of recommended testing. When more than one test was recommended for a selected medication, monitoring within a medication sometimes differed by > 50%. **Conclusions:** Even among drugs where there is general consensus that laboratory monitoring is important, prevalence of monitoring is highly variable. Further, infrequently prescribed medications are at higher risk for poor monitoring.

Keywords: High-Risk Medications, High-risk medication monitoring, Laboratory monitoring

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