



CUSTOMER FOCUSED HEALTH CARE DELIVERY AND SATISFACTION

April 2004

Ann Intern Med. 2004 Mar 16;140(6):409-18.

Comment in:

Ann Intern Med. 2004 Mar 16;140(6):482-3.

Ann Intern Med. 2004 Mar 16;140(6):117.

Health plan members' views about disclosure of medical errors.

Mazor KM, Simon SR, Yood RA, Martinson BC, Gunter MJ, Reed GW, Gurwitz JH. Meyers Primary Care Institute, University of Massachusetts Medical School, and Fallon Foundation, Worcester, Massachusetts 01605, USA.

BACKGROUND: Various authorities and national organizations encourage disclosing medical errors, but there is little information on how patients respond to disclosure. **OBJECTIVE:** To examine how the type of error, severity of adverse clinical outcome, and level of disclosure affect patients' responses to error and disclosure. **DESIGN:** Mail questionnaire survey (8 versions were developed) varying 3 factors in a completely crossed, randomized, factorial design. Each questionnaire included a vignette describing 1) a medical error (failure to check for penicillin allergy or inadequate monitoring of antiepileptic medication); 2) an associated clinical outcome (life-threatening or less serious); and 3) a physician-patient dialogue, with either full disclosure (acceptance of responsibility and an apology) or nondisclosure (expression of regret without acceptance of responsibility or an apology). **SETTING:** New England-based health plan. **PARTICIPANTS:** Random sample of 1500 adult members received the questionnaire, with a 66% response rate. **MEASUREMENTS:** Likelihood of changing physicians, likelihood of seeking legal advice, ratings of patient satisfaction, trust and emotional reaction in response to a vignette and dialogue, and views on medical error and disclosure. **RESULTS:** Full disclosure reduced the reported likelihood of changing physicians and increased patient satisfaction, trust, and positive emotional response. Full disclosure reduced the reported likelihood of seeking legal advice in only 1 error-and-outcome vignette. In the other vignettes, the percentage of patients indicating that they would seek legal advice was relatively high even with full disclosure. Almost all respondents (98.8%) wanted to be told of errors, most (83%) favored financial compensation if harm occurred, and few (12.7%) favored compensation if no harm occurred. **LIMITATIONS:** Since the study was done in the context of a managed care plan in one geographic area, it could not assess whether the results are generalizable to other populations. In addition, it could not determine whether responses to the simulated situations used predict responses to real situations. **CONCLUSIONS:** Patients will probably respond more favorably

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to physicians who fully disclose medical errors than to physicians who are less forthright, but the specifics of the case and the severity of the clinical outcome also affect patients' responses. In some circumstances, the desire to seek legal advice may not diminish despite full disclosure.
PMID: 15023706 [PubMed - indexed for MEDLINE]

Ann Intern Med. 2004 Mar 16;140(6):482-3.

Comment on:

Ann Intern Med. 2004 Mar 16;140(6):409-18.

Words that heal.

Frenkel DN, Liebman CB.

Publication Types:

Comment

Editorial

PMID: 15023715 [PubMed - indexed for MEDLINE]

Arch Intern Med. 2004 Mar 8;164(5):525-30.

African American patients' perspectives on medical decision making.

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BACKGROUND: The medical literature offers little information about how older African Americans view the medical decision-making process. We sought to describe the perspectives of older African American patients in a primary care clinic as they consider a medical decision. **METHODS:** We interviewed 25 African American patients older than 50 years who had discussed flexible sigmoidoscopy with their primary care provider. Interviews were analyzed using qualitative methods. **RESULTS:** Patients listed concerns about cancer and health, risks and benefits, their own understanding of the test, and the recommendation of the provider as the most important factors in their decision. Most patients wanted information about medical tests and procedures to increase their understanding and to provide reassurance rather than to guide decision making. Most patients explained that they wanted the provider to make medical decisions because of his or her training and experience. Despite this, many expressed a sense of ownership or control over one's own body. Patients thought trust was built by a health care provider's honesty, patience, kindness, interest, and continuity of care. **CONCLUSIONS:** Although traditional models of informed consent have emphasized providing patients with information to guide autonomous decision making, patients may want this information for other reasons. Fully informing patients about their medical condition increases understanding and provides reassurance. Because many of these patients want their provider to participate in making medical decisions, he or she should not only provide information but should also provide guidance to the patient.

PMID: 15006829 [PubMed - indexed for MEDLINE]

BMJ. 2004 Mar 27;328(7442):723-4.

"Expert patient"--dream or nightmare?

Shaw J, Baker M.

Publication Types:

Editorial

PMID: 15044270 [PubMed - indexed for MEDLINE]

BMJ. 2004 Mar 6;328(7439):564.

How the internet affects patients' experience of cancer: a qualitative study.
Ziebland S, Chapple A, Dumelow C, Evans J, Prinjha S, Rozmovits L.
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OBJECTIVE: To explore how men and women with cancer talk about using the
internet. DESIGN: Qualitative study using semistructured interviews collected by
maximum variation sampling. SETTING: Respondents recruited throughout the
United Kingdom during 2001-2. PARTICIPANTS: 175 men and women aged 19-83 years,
with one of five cancers (prostate, testicular, breast, cervical, or bowel) diagnosed
since 1992 and selected to include different stages of treatment and follow up.
RESULTS: Internet use, either directly or via friend or family, was widespread
and reported by patients at all stages of cancer care, from early investigations
to follow up after treatment. Patients used the internet to find second
opinions, seek support and experiential information from other patients,
interpret symptoms, seek information about tests and treatments, help interpret
consultations, identify questions for doctors, make anonymous private inquiries,
and raise awareness of the cancer. Patients also used it to check their doctors'
advice covertly and to develop an expertise in their cancer. This expertise,
reflecting familiarity with computer technology and medical terms, enabled
patients to present a new type of "social fitness." CONCLUSION: Cancer patients
used the internet for a wide range of information and support needs, many of
which are unlikely to be met through conventional health care. Serious illness
often undermines people's self image as a competent member of society. Cancer
patients may use the internet to acquire expertise to display competence in the
face of serious illness.

PMID: 15001506 [PubMed - indexed for MEDLINE]

BMJ. 2004 Feb 28;328(7438):501-2.

Length of patient's monologue, rate of completion, and relation to other
components of the clinical encounter: observational intervention study in
primary care.
Rabinowitz I, Luzzatti R, Tamir A, Reis S.
Clalit Health Services and Department of Family Medicine, B Rappaport Faculty of
Medicine, Technion-Israel Institute of Technology, Haifa, Israel.
PMID: 14988186 [PubMed - indexed for MEDLINE]

BMJ. 2004 Feb 21;328(7437):444. Epub 2004 Feb 13.

Comment in:

BMJ. 2004 Feb 21;328(7437):416-7.
Importance of patient pressure and perceived pressure and perceived medical need
for investigations, referral, and prescribing in primary care: nested
observational study.
Little P, Dorward M, Warner G, Stephens K, Senior J, Moore M.
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OBJECTIVE: To assess how pressures from patients on doctors in the consultation contribute to referral and investigation. DESIGN: Observational study nested within a randomised controlled trial. SETTING: Five general practices in three settings in the United Kingdom. PARTICIPANTS: 847 consecutive patients, aged 16-80 years. MAIN OUTCOMES MEASURES: Patient preferences and doctors' perception of patient pressure and medical need. RESULTS: Perceived medical need was the strongest independent predictor of all behaviours and confounded all other predictors. The doctors thought, however, there was no or only a slight indication for medical need among a significant minority of those who were examined (89/580, 15%), received a prescription (74/394, 19%), or were referred (27/125, 22%) and almost half of those investigated (99/216, 46%). After controlling for patient preference, medical need, and clustering by doctor, doctors' perceptions of patient pressure were strongly associated with prescribing (adjusted odds ratio 2.87, 95% confidence interval 1.16 to 7.08) and even more strongly associated with examination (4.38, 1.24 to 15.5), referral (10.72, 2.08 to 55.3), and investigation (3.18, 1.31 to 7.70). In all cases, doctors' perception of patient pressure was a stronger predictor than patients' preferences. Controlling for randomisation group, mean consultation time, or patient variables did not alter estimates or inferences. CONCLUSIONS: Doctors' behaviour in the consultation is most strongly associated with perceived medical need of the patient, which strongly confounds other predictors. However, a significant minority of examining, prescribing, and referral, and almost half of investigations, are still thought by the doctor to be slightly needed or not needed at all, and perceived patient pressure is a strong independent predictor of all doctor behaviours. To limit unnecessary resource use and iatrogenesis, when management decisions are not thought to be medically needed, doctors need to directly ask patients about their expectations.

Publication Types:

Multicenter Study

PMID: 14966079 [PubMed - indexed for MEDLINE]

BMJ. 2004 Feb 21;328(7437):441. Epub 2004 Feb 13.

Comment in:

BMJ. 2004 Feb 21;328(7437):416-7.

Randomised controlled trial of effect of leaflets to empower patients in consultations in primary care.

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OBJECTIVE: To assess the impact of leaflets encouraging patients to raise concerns and to discuss symptoms or other health related issues in the consultation. DESIGN: Randomised controlled trial. SETTING: Five general practices in three settings in the United Kingdom. PARTICIPANTS: 636 consecutive patients, aged 16-80 years, randomised to receive a general leaflet, a depression leaflet, both, or neither. MAIN OUTCOMES: Mean item score on the medical interview satisfaction scale, consultation time, prescribing, referral, and investigation. RESULTS: The general leaflet increased patient satisfaction and was more effective with shorter consultations (leaflet 0.64, 95% confidence interval 0.19 to 1.08; time 0.31, 0.0 to 0.06; interaction between both -0.045, -0.08 to -0.009), with similar results for subscales related to the different aspects of communication. Thus for a 10 minute consultation the leaflet increased satisfaction by 7% (seven centile points) and for a five minute consultation by 14%. The leaflet overall caused a small non-significant increase

in consultation time (0.36 minutes, -0.54 to 1.26). Although there was no change in prescribing or referral, a general leaflet increased the numbers of investigations (odds ratio 1.43, 1.00 to 2.05), which persisted when controlling for the major potential confounders of perceived medical need and patient preference (1.87, 1.10 to 3.19). Most of excess investigations were not thought strongly needed by the doctor or the patient. The depression leaflet had no significant effect on any outcome. CONCLUSIONS: Encouraging patients to raise issues and to discuss symptoms and other health related issues in the consultation improves their satisfaction and perceptions of communication, particularly in short consultations. Doctors do, however, need to elicit expectations to prevent needless investigations.

Publication Types:

Clinical Trial

Multicenter Study

Randomized Controlled Trial

PMID: 14966078 [PubMed - indexed for MEDLINE]

Br J Gen Pract. 2004 Feb;54(499):82-3.

Complementary medicine: implications for informed consent in general practice.
Ernst E.

Publication Types:

Editorial

PMID: 14965383 [PubMed - indexed for MEDLINE]

Br J Gen Pract. 2004 Feb;54(499):93-6.

What influences participants' treatment preference and can it influence outcome? Results from a primary care-based randomised trial for shoulder pain.
Thomas E, Croft PR, Paterson SM, Dziedzic K, Hay EM.
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BACKGROUND: In randomised clinical trials (RCTs), outcome may be influenced by the opinions of the participants about the efficacy of treatments. AIM: To examine how initial treatment preferences of participants in a shoulder pain trial affected functional outcome and future treatment preferences. DESIGN OF STUDY: Observational cohort study nested within a multicentre, pragmatic RCT of steroid injection versus physiotherapy for unilateral shoulder pain. SETTING: Nine general practices in north Staffordshire. METHOD: Two hundred and seven adults were randomised in the trial. Disability scores and preferences of the participants for the trial treatments were elicited at two points: prior to randomisation and 6 months post-randomisation. A good functional outcome was defined as at least a halving in the disability score at the 6 months follow-up point. RESULTS: Pre-randomisation preferences were: 40% for injection and 20% for physiotherapy, and 40% gave no preference. A good outcome was achieved in a higher percentage of participants who gave a pre-randomisation treatment preference compared with those who did not (62% compared with 48% percentage difference = 14%; 95% confidence interval [CI] = -1 to 27%) with similar percentages in each preferred treatment group. However, receiving the preferred treatment did not confer any additional benefit in those who expressed a preference (receiving preferred treatment = 56%; not receiving preferred treatment = 69%). At 6 months post-randomisation, participants with a good, as opposed to poor, outcome were more likely to report as their preferred treatment the one to which they had been randomised, irrespective of pre-randomisation

preference and whether the preferred treatment was received. CONCLUSION: This analysis suggests that preferences prior to treatment can affect outcome, but that treatment outcome is a stronger influence on post-treatment preferences. We present some empirical evidence to support the statement that treatment preferences can have important effects on the results of RCTs.

Publication Types:

Clinical Trial

Multicenter Study

Randomized Controlled Trial

PMID: 14965386 [PubMed - indexed for MEDLINE]

Br J Gen Pract. 2004 Feb;54(499):98-102.

Remedy or cure? Lay beliefs about over-the-counter medicines for coughs and colds.

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BACKGROUND: Over 500 million is spent in the United Kingdom every year on over-the-counter medicines for coughs and colds. Evidence for their pharmacological efficacy is lacking. AIM: To examine lay beliefs about over-the-counter medicines for coughs and colds. To explore whether the distinction between symptom relief and cure has the same relevance to lay people as it does to medical professionals. DESIGN OF STUDY: Small pilot study using qualitative techniques. SETTING: Variety sample of 11 patients attending the National Health Service walk-in centre, Birmingham, England. METHOD: In-depth semi-structured interviews, including pile-sorting and fictional case histories, were used to explore participants' beliefs about the effects of over-the-counter medicines on coughs and colds. RESULTS: Eight of the 11 participants believed that at least one over the-counter cough medicine (most frequently Benylin for Chesty Coughs) could shorten, or "cure", an illness. Five participants thought that the majority of the medicines that they recognised would speed recovery rather than just relieve symptoms. CONCLUSIONS: There is a common confusion in the lay person's mind between the ability of a medicine to relieve symptoms, and its ability to cure a disease or to hasten recovery. This misunderstanding may affect the demand for primary care consultations.

PMID: 14965387 [PubMed - indexed for MEDLINE]

Cancer. 2004 Mar 1;100(5):1077-84.

Effects of media information on cancer patients' opinions, feelings, decision-making process and physician-patient communication.

Passalacqua R, Caminiti C, Salvagni S, Barni S, Beretta GD, Carlini P, Contu A,

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BACKGROUND: The objective of the current study was to determine the influence of media information on the opinions and feelings of patients with cancer and to measure the factors that affected the decision-making process and physician-patient communication. METHODS: The study consisted of a sequence of 2 nationwide surveys across the same dynamic target population of 2600 unselected patients with cancer who attended 1 of 13 centers throughout Italy. The authors measured the changes in patients' opinions and attitudes at the peak of a media campaign promoting the Di Bella therapy, an unproven cancer treatment method,

and after the publicized demonstration of its ineffectiveness. An identical 10-item questionnaire was used. RESULTS: Opinions and feelings changed in the two surveys according to the way the media described the efficacy of the treatment, but physician-patient communication and the decision-making process remained unchanged. Multivariate analysis confirmed the enormous influence of the media on patient opinions (odds ratio [OR], 4.67; $P < 0.0001$), feelings of hope (OR, 3.63; $P < 0.0001$), and confusion (OR, 0.51; $P < 0.0001$), but not on physician-patient communication or the decision-making process. Educational level influenced almost all of the studied factors, and communication and decision-making also were influenced by the patients' gender and place of residence. There was no significant correlation with patient age. CONCLUSIONS: The media play a powerful role in affecting patients' opinions and feelings; the physician-patient communication and the decision-making process are not subject to media influence but are related primarily to level of education. The power of the media should be directed toward improving the spread of scientific knowledge to encourage behavioral changes, particularly among individuals with lower levels of education. Copyright 2004 American Cancer Society. PMID: 14983505 [PubMed - indexed for MEDLINE]

Front Health Serv Manage. 2004 Spring;20(3):13-21.

Comment in:

Front Health Serv Manage. 2004 Spring;20(3):25-8.

Front Health Serv Manage. 2004 Spring;20(3):29-36; discussion 41.

Front Health Serv Manage. 2004 Spring;20(3):37-40.

High-quality, affordable healthcare in the United States--an achievable goal. Barton GA.

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We have evidence that quality and efficiency work together for better healthcare processes for patients while providing cost savings for employers. The complex processes and frequent disconnects among providers who care for the same patients are obviously an area of opportunity for improvement. By standardizing processes for care, we can begin to effectively measure quality and efficiency throughout the value chain. When we work as a team, focusing on quality and measurement, we can look to a future when the best possible care is efficiently and effectively delivered to patients. The future will also be brighter for employers dedicated to providing high-quality, competitive benefits for their valued employees and retirees while maintaining profitability.

PMID: 15055827 [PubMed - indexed for MEDLINE]

Gerontologist. 2004 Feb;44(1):104-15.

State long term care ombudsman programs: factors associated with perceived effectiveness.

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PURPOSE: This article reports findings from a nationwide study on factors associated with the perceived effectiveness of state Long Term Care Ombudsman Programs (LTCOPs). DESIGN AND METHODS: Researchers conducted telephone interviews with ombudsmen from the 50 state programs as well as from Washington, DC, and Puerto Rico. Data from the National Ombudsman Reporting System were incorporated into the study, and statistical tests analyze associations between self-rated program effectiveness and adequacy of resources, organizational

placement-autonomy, interorganizational relationships, and other variables. RESULTS: Several factors limit the perceived effectiveness of state LTCOPs, including insufficient funding and insufficient LTCOP autonomy caused by organizational placement. Despite these problem areas, state ombudsmen report that their programs meet statutorily mandated requirements with varying degrees of effectiveness. Findings show significant positive associations between program funding and paid and volunteer staff levels and between the ratio of long-term care beds per ombudsman and the percentage of nursing facilities visited. Sufficient funding is positively associated with perceived effectiveness of work with nursing facilities. IMPLICATIONS: Sufficient resources, sufficient organizational autonomy, and a supportive political and social environment are key elements in achieving varying types of perceived effectiveness in the state LTCOPs. Research is needed to extend this work to local ombudsman programs and to compare self-rated effectiveness with other outcome measures.

PMID: 14978326 [PubMed - indexed for MEDLINE]

Headache. 2004 Jan;44(1):90-4.

Morbidity and medication preferences of individuals with headache presenting to a community pharmacy.

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OBJECTIVE: To assess the degree of debilitation and the treatment views of individuals with headache presenting to a community pharmacy. BACKGROUND: Migraine and chronic daily headache are common poorly managed illnesses. Pharmacists recommend an over-the-counter "headache product" to customers more than 53 000 times daily, thus they are well positioned to help those with headache. DESIGN: Pilot project of 22 self-administered surveys of individuals presenting to a community pharmacy with a complaint of headache. RESULTS: Thirteen persons had Migraine Disability Assessment scores of grade III or grade IV. Of the sample population, a substantial minority (41%) did not believe their headaches could be effectively managed with over-the-counter medications, 72% did not feel over-the-counter agents were safer than prescription products, 96% did not indicate that over-the-counter drugs were more effective than prescription drugs, and 50% disagreed that a physician's evaluation was not necessary. Only half of the population was satisfied with their current therapy, and individuals overwhelmingly (91%) wished they could prevent their headaches. CONCLUSIONS: The majority of individuals with headache presenting to a community

pharmacy had high levels of morbidity and were in need of education regarding the proper role of over-the-counter medications, the advantages of prescription agents, and the benefits of a physician's referral. These preliminary results indicate that community pharmacies are potentially important locations for identification, education, and referral of individuals with headache.

PMID: 14979890 [PubMed - indexed for MEDLINE]

Health Care Strateg Manage. 2004 Feb;22(2):1, 13-5.

Wellness: piecemeal or personalized?

MacStravic S.

PMID: 15005072 [PubMed - indexed for MEDLINE]

Health Serv Res. 2004 Apr;39(2):377-91.

The combined effects of participatory styles of elderly patients and their physicians on satisfaction.

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OBJECTIVES: To test whether concordance or discordance of patient participation between patients and physicians is associated with higher satisfaction, and to examine the effects of patients' and physicians' participatory styles on patients' satisfaction with their physicians. **DATA:** Data collected in the Texas Tech 5000 Survey of elderly patients in West Texas were used. Patient satisfaction with their physicians was measured by a single item from the Consumer Assessment of Health Plans (CAHPS), representing patients' ratings of their physicians. Patient participation was measured by an index derived from a three-item instrument and physicians' participatory decision-making (PDM) style was measured by a three-item instrument developed by the Medical Outcomes Study.

METHODS: An ordered logit multivariate regression was used to investigate the effects of patients' and physicians' participatory styles on satisfaction with physicians. The interaction between patients' participation and physicians' participatory styles was also included to examine the dependency of the two variables. **RESULTS:** Controlling for confounding factors, a higher PDM score was associated with a higher rating of patient satisfaction with physicians. A higher patient participation score was related to a lower physician satisfaction rating. The combined effect of patients' and physicians' participation styles indicated that for a low patient participation score, a high PDM score was not needed to produce high satisfaction. The greater the discordance in this direction, the higher the satisfaction. However, with a high patient participation score, only an extremely high PDM score would produce relatively high satisfaction. **CONCLUSIONS:** The current study supports the discordance hypothesis. Participatory physicians and patient-physician communications concerning patient participation can promote higher satisfaction.

PMID: 15032960 [PubMed - indexed for MEDLINE]

Healthc Exec. 2004 Mar-Apr;19(2):50-1.

Specialized teams complement nursing. Patient satisfaction begins with satisfied professional and support teams.

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PMID: 15017838 [PubMed - indexed for MEDLINE]

Hosp Health Netw. 2004 Mar;78(3):59-64, 2.

Tools for patient satisfaction.

Scalise D.

Happier patients can lead to happier staffs, lower vacancy rates, bigger market share and healthier financial indicators. This month's gatefold examines tools that hospital CEOs use to drive change and improve satisfaction levels, and the impact those efforts can have.

PMID: 15061072 [PubMed - indexed for MEDLINE]

Int J Qual Health Care. 2004 Feb;16(1):73-81.

Quality of rheumatoid arthritis care: the patient's perspective.

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OBJECTIVE: To identify health care aspects of inadequate quality in rheumatoid arthritis (RA) care from the perspective of patients, and to study to what extent patients' perspectives on quality of care are associated with patient characteristics. DESIGN: Cross-sectional questionnaire survey performed in 1999. SETTING: Secondary and tertiary rheumatology outpatient clinics. STUDY PARTICIPANTS: A random sample (n = 683) of patients diagnosed with rheumatoid arthritis according to the 1987 revised American College of Rheumatology criteria. Patients varied widely with respect to age (mean 61.5 years) and disease duration (mean 10.7 years). MAIN OUTCOME MEASURES: Using the method of

the QUOTE-questionnaire, patients' were asked to rate the importance to them of 29 aspects of care, and to rate the performance of five different health care providers [i.e. rheumatologist, general practitioner (GP), physiotherapist, home nurse, and formal home help] relating to these aspects. To identify aspects of inadequate quality, patients' performance ratings were weighted by importance ratings within each health care service. Inadequate performance on an extremely important aspect was found to be a more serious quality problem than an inadequate performance on an aspect that was less important to patients. Using regression analyses, the association between patients' quality ratings and patient characteristics was assessed. RESULTS: Several aspects of inadequate quality were identified, namely in the field of knowledge of rheumatism and particularly for GPs, physiotherapists, home nurses, and formal home help, and in the field of information on medication and treatment for rheumatologists and GPs. Furthermore, for the majority of the importance and performance ratings, we found no association with patient-related characteristics. CONCLUSIONS: Our study demonstrated that the quality of care could be improved further from the perspective of patients. These findings may be used for making health care more responsive to patients' needs.

PMID: 15020563 [PubMed - indexed for MEDLINE]

Issue Brief Cent Stud Health Syst Change. 2004 Mar; (79):1-4.

Managed care redux: health plans shift responsibilities to consumers.

Draper DA, Claxton G.

Confronted with conflicting pressures to stem double-digit premium increases and provide unfettered access to care, health plans are developing products that shift more financial and care management responsibilities to consumers, according to findings from the Center for Studying Health System Change's (HSC) 2002-03 site visits to 12 nationally representative communities. Plans are pursuing these strategies in collaboration with employers that want to gain control over rapidly rising premiums while continuing to respond to employee demands for less restrictive managed care practices. Mindful of the managed care backlash, health plans also are stepping up utilization management activities for high-cost services and focusing care management on high-cost patients. While the move toward greater consumer engagement is clear, the impact on costs and consumer willingness to assume these new responsibilities remain to be seen.

PMID: 15046076 [PubMed - indexed for MEDLINE]

J Am Diet Assoc. 2004 Mar; 104(3): 429-32.

Effect of a promotional campaign on heart-healthy menu choices in community restaurants.

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The research question examined in this study was: Does a promotional campaign impact the sales of heart-healthy menu items at community restaurants? The 8-week promotional campaign used professionally developed advertisements in daily and monthly print publications and posters and table tents in local restaurants. Nine restaurants tracked the sales of selected heart-healthy menu items and comparable menu items sold before and after a promotional campaign. The percentage of heart-healthy items sold after the campaign showed a trend toward a slight increase in heart-healthy menu item selections, although it was not statistically significant. This study and others indicate that dietetics professionals must continue to develop strategies to promote heart-healthy food choices in community restaurants.

Publication Types:

Evaluation Studies

PMID: 14993867 [PubMed - indexed for MEDLINE]

J Law Med. 2004 Feb; 11(3): 324-30.

Reforming the relationship between medicine and the law of tort.

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The Australian Government's medical indemnity package is predicated on the belief that the current crisis is primarily one of insurance. However, an examination of the fault-based tort system illustrates that, irrespective of their insurance status, doctors are profoundly affected by the adversarial process and their response to it is leading to sub-optimal patient care. This article argues that the adversarial system of medical negligence fails to satisfy the main aims of tort law, those being equitable compensation of plaintiffs, correction of mistakes and deterrence of negligence. Instead, doctors experience litigation as a punishment and, in order to avoid exposure to the system, have resorted not to corrective or educational measures but to defensive medicine, a practice which the evidence indicates both decreases patient autonomy and increases iatrogenic injury. This is unacceptable and suggests that the package has missed the point. This article proposes an alternative medico-legal tort scheme which attempts to overcome some of these problems.

Publication Types:

Review

Review, Tutorial

PMID: 15018209 [PubMed - indexed for MEDLINE]

J Nutr Elder. 2004; 23(3): 99-109.

Enhancing the dining experience in long-term care: Dining with Dignity program.

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Nursing home residents nationwide are at nutritional risk as the result of physical, social and environmental factors. The Dining with Dignity program integrates long-term care residents, staff, community volunteers and occupational therapy students to improve residents' nutritional intake. Volunteers are trained to provide one-on-one assistance during meals and to promote a positive dining experience as organized by the theory of Social Support. Resident satisfaction with meals and improved nutritional status are important outcomes as is volunteer commitment to the program.
PMID: 15030164 [PubMed - indexed for MEDLINE]

J Public Health Manag Pract. 2004 Jan-Feb;10(1):46-53.

Public education strategies for delivering breast and cervical cancer screening in American Indian and Alaska Native populations.
Orians CE, Erb J, Kenyon KL, Lantz PM, Liebow EB, Joe JR, Burhansstipanov L. Battelle Centers for Public Health Research and Evaluation, Seattle, Washington 98105-3949, USA.

A 1993 amendment to the authorizing legislation for the Center of Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program allows direct funding to tribal organizations and urban Native health centers. This study examined tribal programs' implementation of the public education and outreach component utilizing a multisite case study design implemented in partnership with tribal programs. Data were collected from 141 semistructured interviews with key informants and 16 focus groups with program-eligible women. Innovative strategies built on native iconography and personal encounters have encouraged participation and made the programs culturally relevant, providing insights for other communities with little experience in providing early detection services.
PMID: 15018341 [PubMed - indexed for MEDLINE]

Jt Comm J Qual Saf. 2004 Feb;30(2):89-94.

Performance improvement with a multidisciplinary clinical guideline for patients undergoing minimally invasive thoracic surgery.
Andrs K, Brooks JW, Savage L, Cohen NM.
Department of Surgery, VCUMC, Richmond, Virginia, USA.
BACKGROUND: A horizontally integrated multidisciplinary clinical guideline was created and implemented in 1999-2000 for minimally invasive thoracic surgery (MIS). Guideline elements included complete appropriate preoperative evaluation, minimally invasive surgery techniques, aggressive anesthetic management and absolute pain control, immediate extubation, abolition of "routine" laboratory and imaging investigations, and early and aggressive postoperative patient mobilization in an integrated, multidisciplinary postthoracotomy rehabilitation program. METHODS: In a retrospective controlled cohort study, data were collected for the 501 procedures performed on 311 patients (MIS group) from July 1, 2000, to June 30, 2001, and for 130 similar procedures performed on 90 similar patients under a standard general thoracic surgery ad hoc clinical program from July 1, 1998, to June 30, 1999. RESULTS: After implementation of the clinical guideline, services expanded with a 345% increase in case volume, a 40% reduction in cost, no adverse effects, and increased referring-physician and patient satisfaction. DISCUSSION: Significant performance improvement was realized by implementing a multidisciplinary clinical guideline for thoracic

surgery that seamlessly integrated all facets of diagnosis, therapy, and rehabilitation.

PMID: 14986339 [PubMed - indexed for MEDLINE]

Mark Health Serv. 2004 Spring;24(1):40-5.

The ratings game. How important are hospital rankings to consumers? Interview by Joyce Jensen.

Howgill M, Blaza J, Cunningham L, Foster KL.

Publication Types:

Interview

PMID: 15008008 [PubMed - indexed for MEDLINE]

Mark Health Serv. 2004 Spring;24(1):14-9.

Restoring customer confidence.

Berry LL, Leighton JA.

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PMID: 15008004 [PubMed - indexed for MEDLINE]

Mayo Clin Proc. 2004 Mar;79(3):327-31.

Teaching motivational interviewing to first-year medical students to improve counseling skills in health behavior change.

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OBJECTIVE: To examine the effectiveness of motivational interviewing training on improving medical students' knowledge of and confidence in their ability to counsel patients regarding health behavior change. SUBJECTS AND METHODS: In the

spring of 2002, 42 first-year medical students participated in a counseling course on health behavior change. Three small groups focused on learning and practicing motivational interviewing techniques using brief lectures, interactive class activities, student role-plays, and simulated patients. Students completed an identical precourse and postcourse questionnaire that measured their confidence and knowledge regarding counseling skills in health behavior change. RESULTS: The medical students reported improved confidence in their understanding of motivational interviewing after participation in the course (very confident, 77%) compared with before the course (very confident, 2%). Each of the 8 confidence items were compared before and after the course using a signed rank test. All comparisons indicated a significant improvement ($P < .001$) in confidence. Regarding knowledge-based questions, students showed significant improvement; 31% of students answered all the questions correctly before the course, and 56% answered all the questions correctly after the course ($P = .004$). CONCLUSION: These results show that teaching motivational interviewing techniques to first-year medical students can enhance student confidence in and knowledge of providing counseling to patients regarding health behavior change.

PMID: 15008606 [PubMed - indexed for MEDLINE]

Med J Aust. 2004 Mar 15;180(6):293-4.

Living with hepatitis C: from self-loathing to advocacy. Compassion for those with hepatitis C and accurate information about preventing its transmission will also benefit the wider community.

Waller L.

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hccnsw@hepatitis.org.au

PMID: 15012569 [PubMed - indexed for MEDLINE]

Med J Aust. 2004 Mar 1;180(5 Suppl):S39-40.

Joint replacement: a patient's perspective.

Horgan BA.

Wyllie Arthritis Centre, Arthritis Foundation of Western Australia, 17 Lemnos Street, Shenton Park, WA 6008, Australia. benh@arthritiswa.org.au

PMID: 14984363 [PubMed - indexed for MEDLINE]

MGMA Connex. 2004 Feb;4(2):17-8.

Terminate or treat? Potentially litigious patient may be problem--or opportunity.

[No authors listed]

PMID: 14983713 [PubMed - indexed for MEDLINE]

Mod Healthc. 2004 Mar 8;34(10):52, 62.

Partners in prevention. Patient Safety Awareness Week aims to help consumers head off medical errors.

Colias M.

mike_colias@yahoo.com

PMID: 15029825 [PubMed - indexed for MEDLINE]

Mod Healthc. 2004 Mar 1;34(9):6-7, 14, 1.

A good education. Modern Healthcare survey finds basic satisfaction with health-management programs--and a few suggestions.

Romano M.

Advanced-degree programs in healthcare are adequately preparing the leaders of tomorrow, industry executives and other respondents indicate in a Modern Healthcare survey. Myron Fottler, left, a professor at the University of Central Florida in Orlando, says programs are becoming increasingly business-oriented to meet the ever-changing demands of the market.

PMID: 15029678 [PubMed - indexed for MEDLINE]

N J Med. 2004 Jan-Feb;101(1-2):40-1.

Nonverbal communication. What message are you sending?

Aduvato S.

Publication Types:

Review

Review, Tutorial

PMID: 15008105 [PubMed - indexed for MEDLINE]

Nurs Older People. 2004 Feb; 15(10):10-3.

Learning to listen.

Rice J, Robb A.

East Staffordshire Primary Care Trust.

PMID: 14994450 [PubMed - indexed for MEDLINE]

Nurs Stand. 2004 Feb 11-17; 18(22):33-7.

Challenging the balance of power: patient empowerment.

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Empowering patients is a central element of nursing care, according to the RCN (2003). This article discusses the reality of changing the balance of power in health care, awareness of types of knowledge and the ways in which power may consciously or subconsciously be used. It also includes awareness of the financial and political aspects of health care and how these affect patient choice.

PMID: 14999983 [PubMed - indexed for MEDLINE]

Palliat Med. 2004 Jan; 18(1):77-9.

Prognostic assessment in terminally ill cancer patients: from evidence-based knowledge to a patient-physician relationship and back.

Maltoni M, Tassinari D.

Palliative Care Unit, Valerio Grassi Hospice, Forlimpopoli (FC), Italy.

malto.ma@tin.it

PMID: 14982216 [PubMed - indexed for MEDLINE]

Qual Manag Health Care. 2004 Jan-Mar; 13(1):75-80.

Patient satisfaction as a predictor of return-to-provider behavior: analysis and assessment of financial implications.

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Although customer loyalty is frequently cited as a benefit of patient satisfaction, an empirical link between the two has not, to our knowledge, ever been statistically established in a hospital setting. The goal of the present study was to evaluate the relationship between self-reported patient satisfaction measures and subsequent return to the provider for care at a large academic medical center. Data from all adult medical patients responding to a patient satisfaction survey distributed by a large midwestern academic medical center during fiscal year 1997 (n = 1485) were analyzed. Response patterns were examined as they related to whether patients returned to the provider during the subsequent 2-year period. Analyses suggested that return-to-provider was associated with only a minority of the satisfaction items (approx. 11%). All items showing a significant relationship measured perceptions of how well

physicians and nurses attended to, and provided information to, patients and their families. Although the size of these relationships was generally small, the estimated financial implications are substantial. Other implications of these findings for planning effective service improvement initiatives as well as improving patient survey design are discussed.

PMID: 14976909 [PubMed - indexed for MEDLINE]

RN. 2004 Jan;67(1):46-9.

Helping patients break the boredom.

Fioravanti M.

Acute/Tertiary Care Department, University of Pittsburgh School of Nursing, Pittsburgh, USA.

PMID: 14979193 [PubMed - indexed for MEDLINE]

South Med J. 2004 Feb;97(2):117.

The many faces of depression.

Hamdy RC.

Publication Types:

Case Reports

Editorial

PMID: 14982255 [PubMed - indexed for MEDLINE]

West J Nurs Res. 2004 Feb;26(1):85-103; discussion 104-12.

Nonvocal ventilated patients perceptions of being understood.

Carroll SM.

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This metasynthesis presents an enlarged interpretation and understanding of nonvocal mechanically ventilated patients' experiences with communication. Peplau's interpersonal relations theory provided the theoretical framework for the metasynthesis. The final sample included 12 qualitative studies, for a total of 111 participants. The data, methods, and theoretical frameworks were critically interpreted. Common threads detected across study participants' individual experiences were synthesized to form a greater understanding of nonvocal ventilated patients' perceptions of being understood. Five overarching themes were divided into two groups. The first group of themes was categorized as the characteristics of nonvocal ventilated patients' communication experiences. Nonvocal individuals were often not understood, which resulted in loss of control and negative emotional responses. The second group of themes was categorized as the kind of nursing care desired by nonvocal patients in order to be understood. Nonvocal patients wanted nursing care that was delivered in an individualized, caring manner. This facilitated positive interpersonal relations between the patient and the nurse. Findings are discussed in relation to the current state of knowledge on this topic.

Publication Types:

Meta-Analysis

Review

Review, Academic

PMID: 14984652 [PubMed - indexed for MEDLINE]

