Physicians Unprepared for Patients With Internet-Based Health Information

Objective:
To better understand, from the physician's perspective, the effects of patients' incorporating Internet-based information into routine medical consultations.

Background:
Surveys of physicians to examine the impact of patients' bringing Internet information to their doctors' visits have shown that some believe the burden placed on them outweighs the benefits. Researchers conducted 6 focus groups with 48 doctors practicing in the greater Toronto area to explore physicians' experiences with and opinions of patients who have brought Internet-based health information to consultations.

Findings:
- Three main themes emerged from the focus groups:

1. Perceived reactions of patients
   Physicians perceived patients who showed an emotional reaction to the information as either "confused" or "distressed." Physicians perceived favorably patients with pre-established conditions who used the Internet to educate themselves, but perceived as challenging those who used the Internet to self-diagnosis, self-treat, or test the physician's knowledge.
2. Physician burden
   Physicians reported feeling burdened by the introduction of Internet information into consultations. Time constraint was the major problem, especially when patients presented them with "volumes of pages" or "scrolls" of questions.
3. Physician contextualization and interpretation
   - Many physicians believed that putting Internet health information in context was their responsibility and that they were best equipped to do this because of their training. However, not all embraced this role, and sometimes their patients were aware of their resistance. Older physicians generally seemed more resistant.
   - For "self-educators," physician burden was usually limited and sometimes reduced.
   - For patients who took an uncritical view of the information and were distressed or confused, burden was significant.
   - For patients who used the information for self-diagnosis or self-treatment, burden was substantial, and physicians sometimes felt challenged or put on the spot.

- Physicians' strategies for coping included recommending reliable Web sites, suggesting a follow-up visit, expressing limited knowledge on the topic, "firing" the patient, referring the patient to a specialist, and charging for extra time.

Ix Implications:
- Physicians need training to promote their acceptance of patients' increased access to formerly restricted health information and help them understand patients' perspectives on, and reactions to, Internet health information.
- Patient management guidelines, developed by medical experts and health service administrators, could help physicians provide better care for patients who access Internet health information. These guidelines should include recommended health Web sites.

Institutions should also develop guidelines for patients on how to maximize the usefulness of Internet information during consultations.

- Nurse practitioners, dieticians, and other health professionals who routinely provide patient education could be recruited to help patients who have been misinformed or distressed by Internet health information.
- Physicians need tangible incentives to undertake the new role of contextualizing Internet information. In addition to monetary incentives, appeals to professional pride, formal recognition (awards, certificates), and CME credits might be motivators.

Citation:

Ahmad, F. Are physicians ready for patients with Internet-based health information? Journal of Medical Internet Research 2006(8)3:e22.

Telephone-Based Ix Intervention Empowers Seniors—And Reduces Mortality

Objective:
To evaluate mortality over 24 months for Medicare managed care members who participated in the Care Advocate Program (CA Program), designed to link those with high health care utilization to home- and community-based services.

Background:
The literature suggests patient-oriented, flexible care services that promote consumer autonomy and choice in health care decision making can improve outcomes among chronically ill older adults. Consumer autonomy is best supported when professionals are available to make care recommendations but consumers retain ultimate decision-making power.

The CA Program helped chronically ill seniors with high health care utilization bridge the gap between medical and social care delivery systems through a telephone-based care management intervention. Care advocates performed an initial needs assessment with participants and then helped link them to home- and community-based services (HCBS) outside of their health plans, as well as to covered services when necessary. HCBS services included in-home care, nutrition, home safety, transportation, noninsured adaptive equipment, and supportive services. The care advocates called each participant within one week after the assessment and then monthly during the 12-month intervention period to monitor their progress, offer support and coaching, and provide additional HCBS referrals as needed. The control group received usual care.

Findings:
- In a previous evaluation of the CA program, researchers found that the intervention produced reductions in utilization of insured medical services with no change in satisfaction levels. The current study was done to examine an unexpected result of the intervention—significantly lower risk of dying during the 24-month study (OR = 0.55; p = .005) and during the 12-month intervention (OR = 0.45; p = .006). The decreased risk did not remain significant during the 12-month post-intervention period.
- Researchers concluded that four program components decreased mortality: (1) individualized assessment and links to appropriate services; (2) consumer choice, control, and self-management; (3) ongoing monitoring that provided support; and (4) bridging medical and social service delivery systems through communication.

Ix Implications:
- Telephone-based Ix interventions can significantly reduce morbidity and mortality when they empower participants to take charge of their care and provide linkages to critical services.
- Using care providers to deliver ongoing information therapy to older adults may provide the added benefit of social contact, which has a proven protective effect on mortality.
- Lack of mortality reduction in the post-intervention period suggests that continuing Ix is critical for long-term success.

Citation:
Alkema, G.E., et al. Reduced mortality: The unexpected impact of a telephone-based care management intervention for older adults in managed care. *Health Services Research* (OnlineEarly Articles). http://www.blackwell-synergy.com:80/links/doi/10.1111/j.1475-6773.2006.00668.x [Accessed February 22, 2007].

Physician Reimbursement for Ix Could Improve Care for Elderly Patients

Objective:
Primary objective: To examine how clinic time was spent during elderly patients' visits to primary care physicians using an innovative videotape analysis. Secondary objective: To identify the factors that influence time allocation during physician visits.

Background:
Patients generally present multiple complaints during an office visit, which requires physicians to allocate time to competing demands. Because physicians' time is limited, particularly when they are held to patient volume targets, patients with multiple problems may receive less time than they need.

Researchers measured total visit length and time devoted to each topic in a convenience sample of 392 videotapes of routine office visits with patients 65 or older, and analyzed the effects of physician, patient, and practice setting on time allocation.

Findings:
- Median visit length was 15.7 minutes with a median of 6 topics covered.
- About 5 minutes were devoted to the longest topic, and 1.1 minutes to each remaining topic.
- Content of visit and time allocation across topics did not influence visit length. Physicians responded to a patient's presentation of a time-consuming problem by limiting time spent on other topics, rather than by extending the length of the visit.
- Patients with more education spoke significantly longer during the visit's major topic.
- Practice site variables affected visit and topic length more than the nature of the patients' problems. Visits with physicians at a managed care group practice were 33% shorter than visits at an academic medical center; visits with inner-city solo practitioners were 35% shorter than at the academic medical center.

Ix Implications:
- Seniors, who often have a number of health problems, are likely to get insufficient face-to-face time with physicians. Supplementary Ix might be of particular value for these patients; specifically, pre-visit Ix could help maximize the value of in-clinic time by helping prepare seniors for the encounter and enabling them to focus the visit time on their specific questions.
- If better-educated patients prioritized their concerns before the visit to make sure there was sufficient time to discuss the topic most important to them, it is possible that other patients could be encouraged to do this as well.
- There are few incentives in current reimbursement systems for physicians to provide time-intensive evaluation and management care. A payment system that allowed physicians flexibility in allocating time for interaction and Ix would make care more patient-centered.

Citation:
Tai-Seale, M., et al. Time allocation in primary care office visits. *Health Services Research* (OnlineEarly Articles). http://www.blackwell-synergy.com/links/doi/10.1111/j.1475-6773.2006.00689.x [Accessed February 22, 2007].