



## NEWS UPDATE

Number 2    Funded by Robert Wood Johnson Foundation Patient-Provider Relationships Initiative    Spring 1999

### *Significance, Background, and Objectives*

**Importance of the Patient-Provider Relationship.** For most patients, having a good relationship with a primary health care provider is fundamental to medical care. However, many policies designed to contain health care costs, that are typically found under managed care, may compromise the patient-provider relationship. For example, a managed care organization that restricts provider panels and chooses its enrollees through employer marketing plans may limit a patient's ability to maintain an ongoing relationship with their health plan or primary provider. Greater reliance on primary care also increases demand on providers' competence to treat a broad spectrum of health problems, while limiting the amount of time providers can spend with a patient. The capacity for interpersonal care—communication, empathy, and shared decision making—is reduced. For a depressed patient, good interpersonal communication with the provider is especially critical, as it is a significant component of the therapeutic relationship.

**About the Study.** This research (Lisa Meredith, PI) was funded by the Robert Wood Johnson Foundation (RWJF), under their Patient-Provider Relationships Initiative, to determine to what extent the patient-provider relationship may be weakening under managed care. RAND researchers are examining differences in organizational, financial, and management policies and patient benefit structures as they effect the patient-provider relationship within and across managed care organizations. In addition, quality improvement (QI) interventions for depression, implemented as part of the larger study, are compared to "care-as-usual" on measures of the patient-provider relationship. Data are from a larger study (AHCPR-funded PORT, Kenneth Wells, PI) which evaluates the cost-effectiveness of depression QI in 7 different primary care, managed care settings.

**Understanding the Link between the Patient-Provider Relationship with Satisfaction and Technical Quality of Care.** To understand the effects of variation under managed care on the patient-provider relationship, it is necessary first to develop meaningful measures of this relationship. We need to know what these measures are getting at and how they relate to other potentially similar measures. This project *News Update* provides answers to these questions:

- How can we measure the patient-provider relationship?
- Is good interpersonal style associated with satisfaction?
- Is interpersonal style related to getting good quality technical care?

We expect that patient reports of provider interaction style will yield items that correlate with interpersonal aspects of satisfaction, though not necessarily with technical aspects of quality.

### *How do we measure the patient-provider relationship?*

For this project, we developed 2 key operational measures of the patient-provider relationship. *Participation style* is assessed through 5 items measuring the quality of the relationship with their regular medical provider (the provider seen at the study index visit or the provider that they see most often). Patients were asked about the extent to which they agree or disagree with the following statements:

1. I can easily talk about personal things with this provider.
2. I don't always feel comfortable asking questions of this provider.
3. Sometimes this provider does not listen to me.
4. My provider always makes an effort to give me control over my treatment.
5. This provider always seems to understand how I'm feeling.

Items 1 and 2 are reversed so that higher score indicates agreement in the direction of stronger participation between the patient and provider. Items are then averaged to form an overall 0-100 scale. This scale has good internal consistency (Alpha = .82).

*Provider continuity* is a simple binary measure indicating whether or not the patient is still seeing the same provider as at the time of the study index visit. In our next update, we will provide our findings about this relationship over the course of the 2-year study.

### *Measuring Satisfaction and Technical Quality of Care*

Two additional types of measures from the main PORT study that may associate with our measures of the patient-provider relationship are examined in these analyses: *Satisfaction* is based on 4 items patients rate about aspects of health care received in the past 6 months:

1. Explanations of your health problems
2. Being given a choice of treatments for your problems
3. Your involvement in decisions about your care
4. Ease of getting help for emotional or personal problems

Each of these items was reversed so that a higher score indicates higher satisfaction with health care during the past 6 months. Items were then averaged to form a 0-100 scale. The scale has good internal consistency (Alpha = .89).

Two types of *technical quality of care* for depression, defined for the main PORT study, were also examined. *Quality antidepressant use* is a binary measure indicating that the patient took an adequate dose of antidepressant medication for at least 2 of the past 6 months. *Quality counseling* is indicated if the patient reported receiving at least 8 sessions of counseling for depression from a mental health specialist over the course of the 2-year study.

### *Is good interpersonal style associated with satisfaction?*

Researchers have found patients' reports of the extent that a regular health care provider shares responsibility for treatment with the patient, communicates empathy, etc. is related to satisfaction. In fact, the correlation between the measure of participation style and satisfaction is .51 (see Table). However, examining how well these two constructs discriminate from one another, we found that items designed to measure participation style are far more correlated with that scale than with the satisfaction scale. Accordingly, we also find that the satisfaction items correlate more strongly with the satisfaction scale than they did with the participation style scale. While we found some relationship between the provider continuity measure and satisfaction ( $r=.19$ ), it is somewhat more moderate.

### *Is interpersonal style related to good quality technical care?*

In terms of technical quality, researchers observed moderate associations with satisfaction and both depression quality measures (quality use of antidepressant medications and quality counseling received) and these two measures are moderately correlated with each other ( $r=.31$ ). However, there is little association between measures of the patient-provider relationship and technical quality with all 4 correlations .10 or below. While the associations are quite weak, early multivariate regression analyses suggest that participation style is higher among patients using appropriate regimens of antidepressants compared with patients who do not meet quality criteria for antidepressant use. There is no difference in participation style whether or not patients receive quality doses of counseling. In contrast, counseling quality is associated with provider continuity, but quality antidepressant use is not.

### *Implications and Next Steps*

Aspects of interpersonal style have been shown to be an important aspect of the patient-provider relationship and are related to patient satisfaction. Early results from this study suggest that these measures of the patient-provider relationship are associated with satisfaction—with about 25% of the variation in participation style overlapping with satisfaction. Yet, through multi-trait analysis, we find that the two constructs are conceptually distinct—with participation style items substantially more correlated with its own scale and less correlated with the satisfaction scale (and the reverse). Also consistent with what is known to date, measures of the patient-provider relationship are only moderately associated with technical quality. It is thus unclear whether the patient's perspective of quality is sufficiently connected to the presence or absence of technically sound care. Next, researchers will look at the patient-provider relationship under different managed care arrangements.

**For more information about this RWJF study, please contact Dr. Lisa Meredith, Ph.D., at RAND. For general information about the PORT study, please see the Web Site: <http://www.rand.org/organization/health/partners.care/portweb>.**

