



# Strengthening the Patient-Provider Relationship in a Changing Health Care Environment

An RWJF national program

## SUMMARY

With the transition to managed care in the mid-1990s, new methods of delivering and financing health care posed challenges to the relationship between patients and their health care providers—a relationship that is considered the cornerstone of health care in this country.

The goal of the program, *Strengthening the Patient-Provider Relationship in a Changing Health Care Environment*, was to examine these new trends, lay the groundwork for a broader discussion of managed care's impact on patient care and identify future areas of program intervention.

A total of 17 research projects received support under the program. (For the titles of all funded projects, see [Appendix 2](#).)

## Key Findings

According to Bernard Lo, M.D., a general internist and medical ethicist, who served as program director, the program's key findings include the following:

- Patients who trust their physicians have better clinical outcomes. When patients trust their physicians, they are usually more satisfied with their care, more likely to follow their doctors' medical advice and more likely to see an improvement in symptoms.
- When patients trust their physicians, unmet expectations are rare. A relationship of trust is built upon good communication. When patient and physician communicate, the physician is more likely to understand and respond to the patient's needs and expectations.
- Patients use information from the Internet within the doctor-patient relationship rather than as a substitute for it. Most patients take information to the physician because they want the doctor's opinion, rather than requesting a specific therapy or medication.

- Patients need to learn to better evaluate the quality of health-related information on the Internet. Patients may not distinguish between websites that professional medical organizations with expertise in a particular area sponsor and those that individuals or organizations without medical expertise or credentials sponsor.
- Not all patients prefer the patient-oriented communication styles (which incorporate the patient's expectations, feelings and illness beliefs) that are taught in medical schools and residency programs. Some patients prefer a more straightforward physician communication style that emphasizes just providing medical information and guiding the patient in making a treatment choice.

## **Program Administration**

The national program office was housed at the School of Medicine at the University of California, San Francisco.

## **Funding**

In April 1996, the Robert Wood Johnson Foundation (RWJF) Board of Trustees authorized up to \$5 million in grants for the program.

## **THE PROBLEM**

In the mid-1990s, the American health care system underwent a major transformation, largely driven by market forces seeking to contain costs. The emerging strategy among both private and public sponsors of health insurance coverage was managed care—in its various forms. Because managed care emphasizes streamlining health care delivery, its proponents pointed to its potential for reducing the cost of care for both purchasers and consumers.

However, there was concern that some managed care strategies might also create incentives to provide less care than needed to particular patient populations and steer patients away from their usual providers and care settings in the name of efficiency and cost-cutting. As a result, managed care posed new challenges to the patient-provider relationship—a relationship that is considered the cornerstone of the U.S. health care system.

The evidence shows that a good patient-provider relationship fosters mutual trust, enhances continuity of care and promotes medical compliance. Because managed care plays some role in health care decisions—which previously had been the province of patients and providers—it threatens the integrity of the patient-provider relationship and the benefits that flow from it.

## CONTEXT

Previous research efforts funded by RWJF have examined changes in the organization and financing of health care under managed care, including its [Health Tracking initiative](#) and the *Changes in Health Care Financing and Organization* national program (see the [Program Results](#) and [website](#)). However, these programs have provided little data on the impact of these changes on the patient-provider relationship.

## PROGRAM DESIGN

In April 1996, the RWJF Board of Trustees authorized up to \$5 million in grants over a three-year period for a national program on *Strengthening the Patient-Provider Relationship in a Changing Health Care Environment*. The overall goal of the program was to better understand the new and growing influence of managed care on the patient-provider relationship. The program had three main objectives:

- To provide empirical evidence for emerging issues under various types of managed care arrangements.
- To identify innovative strategies that sustain and strengthen the patient-provider relationship under managed care.
- To convene various stakeholders—from providers and consumers to managed care organizations—to identify areas of consensus and problem areas needing further investigation.

The \$5 million in funding for the program was to be distributed in three streams:

- **Research support.** Under the program's research component, there was \$1.5 million authorized for solicited proposals and \$2 million for unsolicited proposals that would examine patient-provider relations from the perspective of:
  - Patients receiving coverage through employers, Medicare or Medicaid.
  - Providers affiliated with various managed care plans.
  - The managed care plans themselves—for-profit, nonprofit, regional and national.

The goal was to generate empirical findings that would lead to more substantive discussions and serve to elevate the debate on managed care's influence on the patient-provider relationship.

- **Convening activities.** Under the program's convening component, there was \$900,000 authorized for workshops and other convening activities designed to identify areas of consensus and issues needing further investigation.

These activities would take advantage of RWJF's ability to bring together providers, managed care representatives, consumers and other disparate stakeholders around issues of common concern.

- **Dissemination activities.** Under the program's dissemination component, there was \$600,000 authorized for dissemination of the research results and proceedings of the convening activities. The goal was to make findings and conclusions available to the widest possible audience of consumers, providers, managed care plans, employers, policy-makers and media.

## THE PROGRAM

### National Program Office

The national program office was housed at the School of Medicine at the University of California, San Francisco (UCSF). Bernard Lo, M.D. a general internist and medical ethicist at UCSF, served as project director. Lo brought to the initiative extensive background and research in patient-physician communication and interaction.

Rebecca Paul served as the deputy director for the program until 1998; Ellen Shaffer served as deputy director through 2000. Thereafter, the national program office functioned without a deputy director until the close of the program.

### National Advisory Committee

A National Advisory Committee composed of health care providers and representatives of managed care organizations helped guide the development of the program's research agenda and overall strategy and direction of the program. (See [Appendix 1](#) for a complete list of committee members.)

### Site Selection and Awards

Primary factors in making funding decisions were:

- The ability of the research to improve the understanding of the patient-provider relationship in a changing environment.
- The potential of research results to inform organizational decisions in a timely fashion.
- A focus on the types of health care organizations, care systems and providers that have significant influence in providing care in this country.
- The feasibility of the project, including the data-collection component. (Ultimately, many researchers found that getting accurate and timely data was a considerable obstacle in working with large managed care organizations. See [Lessons Learned](#).)

RWJF's call for proposals outlined a number of potential research questions that could be considered for funding, including:

- How do various financial incentives and reimbursement arrangements influence a physician's ability or willingness to spend time with patients, include patients in the decision-making process regarding their care or provide indicated care or referrals?
- How do the different strategies that managed care organizations use to control the use of health care services strengthen or weaken the patient-provider relationship and what effect do they have on patient outcomes?
- How do providers respond to patient requests for specific medical interventions across different health care settings and in the face of practice guidelines?
- How do health care organizations address patient concerns about physicians' potential conflicts of interest, and do these conflicts of interest affect the level of trust patients have in their providers?
- Have innovations like quality/patient satisfaction incentives and performance feedback measures strengthened the patient-provider relationship and improved the quality of care?

Initially, awards for research projects were to range from \$50,000 to \$250,000 each and last up to two years. After the first wave of letters of intent in fall 1997, RWJF and the national program office increased the maximum size of the grants to \$500,000 to "encourage the kind of research that looked at patient-provider relationships within the context of health care systems rather than just one or the other," according to program director Lo.

By December 31, 1999, 17 research groups had received grants under the program. (For a list of all funded projects, see [Appendix 2](#).)

### **Technical Assistance and Direction**

The major effort and time of national program office staff was focused on helping researchers formulate appropriate research projects for the program. Through telephone calls, letters, e-mail and attending national meetings of professional organizations, the national program director and deputy director solicited proposals for research that examined both the individual patient-provider relationship and the organizational and market environment in which these interactions occur.

They also sent letters to leading researchers targeting specific topics missing from the program's research portfolio.

Lo also collaborated directly with several investigators on their research projects, providing advice and guidance and, in some cases, acting as a co-investigator (or lead

investigator, as in one case where the original investigator withdrew from the project). He also received separate funding from RWJF to conduct research on complementary and alternative medicine and its impact on the doctor-patient relationship. (See Appendix 3, ID# 039050.)

## Convening Activities

The majority of the national program office staff's convening efforts involved developing and conducting working groups to examine specific topics of interest. The goals of the working groups were to:

- Bring together a variety of stakeholders to discuss specific issues related to the patient-provider relationship.
- Identify areas of agreement and disagreement among stakeholders and suggest ways to build on agreements and resolve disagreements.
- Develop systems, tools and guidelines that support beneficial patient-provider relationships and meet the needs of stakeholders.

The national program office structured its first series of working group meetings on access to specialty care. Another working group series focused on the role of trust in the patient-provider relationship. (The national program office later convened a larger meeting on patient trust to facilitate the work of researchers in this area. The meeting brought together principal investigators for funded projects and other researchers, as well as consumer advocates, managed care industry representatives and government policy-makers. It provided a forum for these researchers and other interested parties to discuss conceptual issues regarding trust, measurement issues regarding studying trust in research projects and the implications of trust for actions of clinicians and health care providers.)

In 1998, the national program office decided to use outside experts to take the lead on convening activities and working groups rather than trying to organize these meetings itself. Subsequently, the national program office's efforts focused on identifying appropriate topics and individuals to lead convening activities. Two organizations received grants for convening activities as follows:

- Wendy Levinson of the University of Chicago, Pritzker School of Medicine received a grant (ID# 034523) to bring experts and consumers together to discuss how improved communication can resolve disagreements between physicians and patients in managed care. The discussions led to an article published in the *Journal of the American Medical Association* (Vol. 282, No. 15, 1999).
- Robert Wachter of the University of California at San Francisco received a grant (ID# 035842) to develop a conference on the impact of the use of "hospitalists"—physicians who specialize solely in providing hospital-based care on the continuity of

care that patients receive. The findings were published in a special supplement to the *American Journal of Medicine* (Vol. 111, No. 9, Suppl. 2, 2001).

The national program office also convened several planning meetings to design the overall initiative and to discuss the research agenda.

## Dissemination Activities

Much of the national program office's dissemination activities focused on the following:

- Working with individual researchers to help them present their research findings in ways that reached the most appropriate audiences and had the greatest policy impact.
- Assisting researchers to prepare press releases and plan "roll out" events to present their findings.
- Helping researchers revise their papers prior to submission to peer-reviewed journals for publication.

One of the program's key dissemination activities was a May 2001 meeting that focused on helping researchers disseminate their findings to an audience beyond readers of peer-reviewed journals. The keynote speaker for the meeting was Miriam Shuchman, M.D., who has a health show on Canadian Public Radio and who has written on health for the *New York Times*.

In addition, Andrew Burness and Linda Loranger of Burness Communications, a Washington-based public relations firm, led workshops in writing a press release and conducting interviews with the media.

## OVERALL PROGRAM RESULTS

In his final report to RWJF, national program director Lo summarized the program's key research themes and findings (several studies are discussed in depth in Project Reports. See the [Project List](#).):

### ***The Impact of Characteristics of the Health Care Organization on Patient-Provider Relationships and Outcomes of Care***

- Patient trust in the physician is clinically important. Unmet patient expectations are rare when there is strong preexisting trust in the physician. (See [Program Results](#) on ID# 034384.)
- The quality of the patient-physician relationship strongly predicts whether a patient voluntarily leaves a physician's care. (See Appendix 3, [ID# 035321](#).)

- Patient trust is positively associated with better clinical outcomes, including satisfaction with care, the intention of following the physician's advice and improvement in symptoms. (See [Program Results](#) on ID# 034384.)
- Several innovations in primary care—such as patient self-management of chronic illness and same-day appointment access—may improve health outcomes and need to be more widely disseminated. (See [Program Results](#) on ID# 038253.)

### ***The Impact of New Information Technologies on the Patient-Provider Relationship***

- Individuals with more education are more likely to use the Internet to search for health information. This "digital divide" must be overcome if the Internet is to narrow, rather than widen, disparities in health between socioeconomic groups. (See Appendix 3, [ID#s 037772/041246/046487](#).)
- Patients use information from the Internet within the patient-physician relationship rather than as a substitute for it. (See Appendix 3, [ID#s 037772/041246/046487](#).)
- Electronic prescribing needs to overcome several important barriers if it is to fulfill its promise of enhancing patient safety and reducing health care costs. These barriers include the lack of integration with existing medical records systems and the lack of features desired by physicians, such as automated refills. (See Appendix 3, [ID# 038851](#).)

### ***Improved Communication Between Patients and Individual Health Care Providers***

- Communication techniques that physicians find useful in other clinical situations may help them respond to new issues raised by the changing health care environment. These techniques include expressing empathy, acknowledging an understanding of the patient's worries and negotiating differences of opinion. (See Appendix 3, [ID# 034523](#).)
- Not all patients prefer the patient-oriented communication style that currently is taught in medical school and residency programs and encourages physicians to establish open communication and a therapeutic partnership with their patients. Some patients prefer the more traditional approach in which the physician primarily provides pertinent health and health care information and guides the patient in treatment choices.

As a result, physicians may need to individualize their approach to communication depending on the patient's needs and expectations. (See Appendix 3, [ID#s 039050](#) and [038218](#).)

## Communications

The working group meetings on access to specialty care resulted in an article published in *JAMA*. Conclusions from the working group meetings on trust were summarized in the *Milbank Quarterly*.

The national program director published a number of articles in peer-reviewed publications, including *JAMA*, the *Indiana Law Review* and the *Journal of General Internal Medicine*. The national program director also co-authored several other papers with funded researchers that peer-reviewed journals published. (See the [Bibliography](#) and the bibliographies in Program Results reports listed in the [Project List](#) for more details.)

## LESSONS LEARNED

The national program director reported that the following lessons emerged from the program:

- 1. In a competitive health care environment, it may be difficult for researchers to obtain or maintain the participation of large managed care organizations.** Individual researchers, as well as staff at the national program office, found that some health care organizations declined to participate in research, expressing concerns about the possibility of adverse publicity, even if steps were taken to ensure their anonymity.  
  
Other health care organizations said that in a highly competitive market, research was not a top priority and they could not devote resources to it. In addition, health care organizations changed rapidly during the period of the program. When health care organizations merged or were bought out, or when key leaders left, plans for collaboration needed to be renegotiated. (National Program Director)
- 2. Even senior researchers with significant research experience can benefit from technical assistance.** Most principal investigators appreciated and learned from the technical assistance that was offered by the national program office.  
  
Investigators reported that it was useful to discuss their work with someone who was not involved in the day-to-day activities of their research, and they specifically valued the input on how to work cooperatively with managed care organizations, how to revise and where to submit manuscripts, and potential next steps in their line of research. (National Program Director)
- 3. Projects that had the most successful dissemination efforts had built in a communication strategy into their overall plan.** (National Program Director)
- 4. If the research to be conducted requires researchers to approach issues in a new way, there may be significant challenges in obtaining research proposals that fit the scope required and additional time and effort will be required.** The initiative's

research agenda encouraged a merger of health services research with doctor-patient communications research.

Health services researchers had to go one step below their usual level of analysis, to examine how individual patients and their providers interact within the larger systems of organizations and financing structures that they usually study. Similarly, researchers in doctor-patient communication were required to look beyond the patient-provider interaction, taking into account the organizational context in which dialogues between patients and physicians occur. (National Program Director)

5. **Media training and training on writing press releases for non-academic audiences are well received and appreciated by researchers, even those with an extensive publishing history.** Academic researchers know how to write for peer-reviewed journals but typically lack the skills to prepare press releases and roll out timely findings for lay audiences. The national program office found that grantees overwhelmingly appreciated this training and assistance. (National Program Director)

## AFTERWARD

The program has closed. Several investigators planned to collaborate on future research projects, particularly in the areas of doctor-patient communication, new information technologies and trust. In addition, Lo planned to continue to work with the projects' principal investigators as needed to help them revise manuscripts still under review and provide advice for dissemination.

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## APPENDIX 1

### National Advisory Committee

*(Current as of the time of the grant; provided by the grantee organization; not verified by RWJF.)*

**Thomas Bodenheimer, M.D.**

Practicing Physician  
San Francisco, Calif.

University of Washington  
Seattle, Wash.  
Former Member, Board of Trustees  
Group Health of Puget Sound

**David Chin, M.D.**

Principal  
PricewaterhouseCoopers LLP  
Boston, Mass.

**John Santa, M.D.**

Medical Director  
HealthFirst Medical Group  
Portland, Ore.  
Former Corporate Medical Director  
Blue Cross Blue Shield of Oregon

**Dorothy Mann, Ph.D.**

Senior Fellow

## APPENDIX 2

### List of All Projects in the Program

*(Current as of the time of the grant; provided by the grantee organization; not verified by RWJF.)*

- Analysis of the Associations Among Managed Care, Quality of the Physician-Patient Relationship, and Health Outcomes
  - University of Washington (ID# 036448)
- Conference on the Hospitalist and Provider-Patient Relationships
  - University of California, San Francisco, School of Medicine (ID# 035842)
- Convening a Working Group on Appropriate Use of Specialty Services
  - University of California, San Francisco, School of Medicine (ID# 031575)
- Examination of the Anatomy of Conflicts in Managed Care
  - Montefiore Medical Center (ID# 036445)
- National Surveys of the Public and Physicians About Internet-Based Health Information
  - Harvard University School of Public Health (ID# 037772)
  - University of California, San Francisco (ID# 041246)
  - University of California, San Francisco, School of Medicine (ID# 046487)

- Redesigning the Patient-Provider Relationship
  - University of California, San Francisco, School of Medicine (ID# 038253)
- Research on the Determinants and Outcomes of Primary Care Relationships in Health Plans
  - New England Medical Center Hospitals (ID# 035321)
- Research on the Effects of Direct-to-Consumer Advertising on Patient-Provider Relationships
  - Boston University School of Public Health (ID# 038186)
- Research on the Effects of Disclosing Managed Care Financial Incentives on Patient Trust
  - Wake Forest University School of Medicine (ID# 034385)
- Research on Patient Requests under Managed Care
  - University of California, Davis, School of Medicine (ID# 034384)
- Research on the Potential Effects of On-line Pharmacies on the Patient-Provider Relationship
  - University of California, San Francisco, Institute for Health Policy Studies (ID# 038851)
- Research to Develop Recommendations for Internet-Based Medical Practice
  - Mount Sinai School of Medicine of New York University (ID# 038793)
  - Greater New York Hospital Foundation (ID# 041277)
- Resolving Disagreements in the Patient provider Relationship: Tools for Improving Communication and Patient Care
  - University of Chicago, Pritzker School of Medicine (ID# 034523)
- Secondary Analysis of Data from Community Tracking to Determine How Managed Care Affects the Patient-Physician Relationship
  - Johns Hopkins University, Bloomberg School of Public Health (ID# 036484)
- Strengthening the Doctor-Patient Relationship through Discussions About Complementary and Alternative Medicine
  - University of California, San Francisco (ID# 039050)
- Study of the Effects of Managed Care on the Relationship Between Physicians and Patients with Depression

- RAND Corporation (ID# 034894)
- Study of the Impact of an After-Hours Medical Call Center on the Patient-Physician Relationship
  - University of Pennsylvania Health System (ID# 034893)
- Study on the Impact of Physician Communication on Patient Satisfaction and Trust in a Managed Care Setting
  - Duke University Medical Center (ID# 038218)
- Study of Methods to Optimize Patient-Physician Match In Managed Care
  - Kaiser Foundation Hospitals (ID# 035320)

## APPENDIX 3

### Brief Summaries of Selected Projects

*(Current as of the time of the grant; provided by the grantee organization; not verified by RWJF.)*

#### **Project: Convening a Working Group on Appropriate Use of Specialty Services**

##### **Grantee**

**University of California, San Francisco, School of Medicine** (San Francisco, Calif.)

\$218,660 (April 1997 to June 1999) ID# 031575

##### **Contact**

Bernard Lo, M.D.

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**Summary.** This project convened a working group of expert individuals to analyze how to strengthen the relationship between primary care physicians and specialists in managed care systems. Often these physicians find themselves in antagonistic roles. Specialists may fear that primary care physicians acting as gatekeepers will deny patients access to needed specialty care. Primary care physicians may worry that specialists order unnecessary tests, treatments and return visits, thereby raising the cost of care with little improvement in outcomes.

**The Project.** The national program office developed the structure for a Working Group on Specialty Care and convened three meetings. Participants across the three meetings included purchasers, health plan administrators, consumers, physicians and researchers.

- Appropriate Use of Specialty Care, Expert Meetings, March 25–26, 1997. This meeting explored topics related to access to specialty care that affect the patient-provider relationship to distill the position of various stakeholder groups and understand where there is consensus.
- Patient-Provider Interactions, November 19–20, 1997. Participants at this meeting examined variations in how patients access specialty care to identify areas of concern and innovations that address these concerns.
- The Role of the Primary Care Provider, January 15, 1998. Participants at this meeting responded to a proposal to reorient the role of the primary care physician under managed care from "gatekeeper" to "conductor." Thomas Bodenheimer, M.D., a researcher funded under this RWJF national program, national program director Lo, and another colleague wrote a paper entitled, "Primary Care Physicians Should be Coordinators, Not Gatekeepers," that was published in the *Journal of the American Medical Association* in 1999. (Vol. 281, No. 21)

***Project: Resolving Disagreements in the Patient-Provider Relationship: Tools for Improving Communication and Patient Care***

**Grantee**

**University of Chicago, Pritzker School of Medicine** (Chicago, Ill.)

\$137,384 (July 1998 to December 1999) ID# 034523

**Contact**

Wendy Levinson  
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**Summary.** This project convened a working group of experts to discuss the challenges arising in doctor-patient communication in the managed care environment and to propose potential solutions. Managed care uses financial incentives and restrictions on tests and procedures to attempt to influence physician decision-making and limit costs. Increasingly, the public is questioning whether physicians make decisions based on the patient's best interests or are influenced unduly by economic incentives.

**The Project.** Wendy Levinson, chief of general internal medicine at the University of Chicago School of Medicine, designed and convened a 12-member Working Group on Patient-Physician Communication that met for two days in Chicago in October 1998. Participants included physicians, health plan administrators, medical ethicists, consumer/patient representatives, communications experts and researchers.

**Findings.** Discussions at the meeting resulted in two articles published in the peer-reviewed *Journal of the American Medical Association (JAMA)* and the *American Journal of Managed Care*. Key findings included:

- In the event of a perceived conflict between the managed care organization's rules and the physicians' judgment of what is in the best interest of the patient, "it is essential that the physician believe he/she is on ethically firm ground in recommending a course of action to the patient."
- Once this condition has been met, physicians can use particular techniques to communicate effectively with patients. These techniques may include expressing empathy, acknowledging an understanding of patients' worries and concerns, encouraging patients to take an active role in discussing options and negotiating differences of opinion.
- Using these communication strategies does "not necessarily decrease efficiency and may actually save time in the long run by avoiding patient dissatisfaction." (All from *JAMA*, Vol. 282, No. 15, 1999)

***Project: Study of the Impact of an After-Hours Medical Call Center on the Patient-Physician Relationship***

**Grantee**

**University of Pennsylvania Health System** (Philadelphia, Pa.)

\$404,653 (July 1998 to March 2001) ID# 034893

**Contact**

J. Sanford Schwartz, M.D.

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**Summary.** This study evaluated the impact of an after-hours call center introduced at the University of Pennsylvania Health System (UPHS). Nurses staffed the call center and triaged patients according to the nature of their complaints and provided health information when physicians' offices were closed.

This randomized, controlled trial of the call center compared "usual care," where a patient call is returned by an on-call physician, with the experimental "call center," where a triage nurse answers an after-hours medical help line, with physician backup as needed. A total of 10 call center and nine usual-care physician practices were included in the study. One hundred randomly selected after-hours callers who telephoned these practices for medical advice were studied using a computer-aided telephone survey administered four to eight days after their call. Participating physicians completed a mailed survey.

**Findings.** As reported to RWJF, key findings of the study included:

- Patients expressed greater satisfaction with the medical call center than the traditional system (although the majority of respondents were "satisfied" or "very satisfied" with both systems) at no increased net costs.

- The medical call center was well accepted by physicians and administrators.
- There were no observable differences in outcomes of care between patients using the call center and patients receiving usual care.
- Call center participants reported significantly greater improvement in their medical problems than usual-care patients.
- Physicians reported that the call center nurses were more effective at triaging calls and quickly dealing with "unimportant" calls than "usual care" answering service personnel.
- There were no differences in the use of costly health services between call center and usual-care patients.

### **Project: Research on the Determinants and Outcomes of Relationship Quality in Primary Care**

#### **Grantee**

**New England Medical Center Hospitals** (Boston, Mass.)

\$499,676 (October 1998 to January 2001) ID# 035321

#### **Contact**

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**Summary.** This project supported a three-year follow-up survey of 6,000 Massachusetts residents who had been surveyed in 1996 as part of a study, funded by the Agency for Healthcare Research and Quality, on managed care and the patient-physician relationship. Between 1996 and 1999, tremendous change occurred in the Massachusetts' health care delivery system that had the potential to affect the quality of the patient-physician relationship. This included the restructuring or merging of plans and their member practices, publicly reported financial difficulties and the departure of plans from the marketplace.

**Findings.** Major findings reported in peer-reviewed journals included:

- In their observations of patients who remained with the same primary care physician over the study period, the investigators found that there were significant declines between 1996 and 1999 in patients' ratings of physician communication, interpersonal treatment, and patient trust. According to the investigators, because primary care is "predicated on sustained physician-patient relationships ... (and) the quality of the physician-patient relationship in primary care has been associated with outcomes ... the observed decline ... is concerning." (Gelb-Safran et al., *Journal of Family Practice*, Vol. 50, No. 2, 2001)

- Over the study period, one-fifth of the patients changed primary care physicians on their own initiative. The quality of the doctor-patient relationship was the strongest predictor of a patient's loyalty to a physician. In fact, patients who reported the poorest-quality patient-physician relationships in 1996 were three times more likely to switch physicians over the study period than patients who reported the highest-quality patient-physician relationships. (*Journal of Family Practice*, see above)
- Patient trust in the primary care physician and the physician's knowledge of the patient were the strongest determinants of patients adhering to a physician's advice. (*Journal of General Internal Medicine*, Vol. 15, Suppl. 1, 2000)

### **Project: Examination of the Anatomy of Conflicts in Managed Care**

#### **Grantee**

**Montefiore Medical Center** (Bronx, N.Y.)

\$103,408 (April 1999 to September 2001) ID# 036445

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**Summary.** The goals of this study were to examine conflicts between physicians and patients, and physicians and the health plan in managed care; and develop guidelines for health plans to strengthen the doctor-patient relationship by using mediation techniques to resolve these conflicts.

**The Project.** The investigators conducted a literature search on mediation in fields outside of health care and identified useful techniques that could apply to managing conflicts between physicians, patients and health plans in the managed care arena. They also examined case studies of conflicts and conflict resolution from a variety of managed care organizations and identified the characteristics of situations and organizations that are appropriate for mediation.

**Findings.** The key findings reported to RWJF include:

- Mediation can be used effectively in organizations that have coverage policies that clearly are understood by providers and collegial working relationships between community providers and plan physicians.
- Guidelines for addressing early-stage managed care disputes would be useful. Conflict is endemic to managed care, and it is expected. It surrounds denial of coverage. An easily triggered, immediate review of developing disputes seems ethically and medically the most appropriate solution.

- A mediation process in managed care disputes over benefit coverage would likely benefit patients and families, and increase their level of comfort with and trust in the health plan organization.

***Project: Analysis of the Associations among Managed Care, Quality of the Physician-Patient Relationship, and Health Outcomes***

**Grantee**

**University of Washington** (Seattle, Wash.)

\$50,883 (September 1999 to August 2000) ID# 036448

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**Summary.** This project addressed the following research questions:

- What is the association between managed care and the quality of the patient-physician relationship among adult patients in primary care practices with complaints of pain and/or depression?
- What is the association between the quality of the patient-physician relationship and the health outcomes of patients?

**The Project.** The investigators used data from a previous study—funded by the Agency for Healthcare Research and Quality—that enrolled 2,850 primary care patients with pain and/or depression in the Seattle metropolitan area in 1997 and followed them for six months. With RWJF funding, the investigators used statistical analysis to examine the associations between the intensity of managed care, the patient-physician relationship and health outcomes. The research team assessed the quality of the patient-physician relationship through a patient-physician relationship index, patient ratings of their primary care physicians and patient changes in primary care physicians. To measure the intensity of managed care, the researchers evaluated the level of control that providers have in each patient's health plan, the financial incentives of primary care physicians and physicians' use of clinical guidelines for depression and/or pain.

**Findings.** The major findings reported to RWJF include:

- Patients in more strictly managed health care plans and physician practices had worse patient-physician relationships than patients in less strictly managed plans and practices.
- Better patient-physician relationships were associated with more improvement in health outcomes.

- Because the study looked at one group of patients at a particular point in time, the investigators are unable to determine whether better patient-physician relationships resulted in more improvement in health outcomes, or whether more improvement in health outcomes produces better relationships, or both.

***Project: Secondary Analysis of Data from Community Tracking to Determine How Managed Care Affects the Patient-Physician Relationship***

**Grantee**

**Johns Hopkins University, Bloomberg School of Public Health** (Baltimore, Md.)

\$240,600 (April 1999 to March 2002) ID# 036484

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**Summary.** This project examined the impact of managed care and health plan choice on the patient-physician relationship. The project used data from the 1996–1997 Community Tracking Study, an ongoing RWJF-funded project that surveys families in 60 communities across the nation every two years to track changes in the health system and examine their effects on peoples' lives. See [www.hschange.org](http://www.hschange.org).

**Findings.** The major findings, as reported in the peer-reviewed *Journal of General Internal Medicine* and the *American Journal of Public Health* include:

- Managed health care plans that loosen restrictions on provider choice, relax gate keeping arrangements or promote access to primary care physicians and continuity with them are likely to see higher satisfaction among members.
- Lack of health insurance is a major barrier to a good patient-physician relationship. Uninsured patients ranked their relationship with their primary care physician significantly lower than did insured patients.
- White patients reported better patient-physician relationships than did Hispanics or Blacks.
- Access to and continuity with a primary care physician substantially reduced disparities in the quality of patient-physician relationships among vulnerable population groups.
- Less revenue from managed care and more satisfying relationships with patients were strong determinants of pediatricians' job satisfaction.

## ***Project: National Surveys of the Public and Physicians About Internet-Based Health Information***

### **Grantee**

**Harvard University School of Public Health** (Boston, Mass.)

\$438,787 (November 1999 to August 2000) ID# 037772

**University of California, San Francisco** (San Francisco, Calif.)

\$330,295 (January 2001 to December 2002) ID# 041246

**University of California, San Francisco, School of Medicine** (San Francisco, Calif.)

\$20,917 (October 2002 to December 2003) ID# 046487

### **Contact**

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**Summary.** Although there is descriptive information about the kinds of medical information on the Internet and the frequency with which it is used, there is little data on what patients actually do with the information available to them. This project conducted national surveys of patients and physicians to address the following five core research questions:

- Who seeks electronic sources of health information and how do patients and physicians use this information?
- How do users assess the quality or trustworthiness of the information they receive?
- Does electronic health information stimulate or depress demand for health services? Is this effect appropriate or not, as perceived by physicians?
- Does electronic health information hinder or help patient decision-making?
- When outside sources of information are brought into the patient-physician clinical encounter, is the use of the information perceived as helping or hurting the patient-physician relationship?

The project team conducted a preliminary literature search to frame the issues and guide survey design. Using random-digit dialing, the investigators surveyed a national sample of patients about their use of the Internet or information from pharmaceutical companies directed to consumers. In addition, they surveyed a national sample of physicians, asking them about the "last time" a patient brought with them health information from the Internet, or from direct-to-consumer marketing, to an appointment.

**Findings.** Based on information reported to RWJF, the key findings from the two surveys include:

- More than 70 percent of patients who took health information to a physician wanted an opinion on it rather than a specific intervention.
- Among patients, more than 30 percent of respondents had looked for information on the Internet in the past 12 months, 16 percent had found relevant health information and 8 percent reported that they had taken the information into their doctor.
- Education is a significant predictor of looking for health information on the Internet. Patients with more education were more likely to have searched the Internet for health information.
- Among physician respondents, 85 percent had experienced a patient bringing information from the Internet to an office visit.
- Nearly 40 percent of physicians felt that patients bringing health information into the clinical encounter made the office visit less efficient. If a patient wanted a procedure/medication that was inappropriate or the physician perceived a challenge to his or her authority, the efficiency of the office visit was reduced significantly.

***Project: Study on the Impact of Physician Communication on Patient Satisfaction and Trust in a Managed Care Setting***

**Grantee**

**Duke University Medical Center** (Durham, N.C.)

\$310,132 (January 2000 to December 2002) ID# 038218

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**Summary.** In this project, the researchers studied the impact of physician communication techniques on patient satisfaction and trust in a managed care setting. Managed care, with its emphasis on efficient, cost-conscious utilization of services, creates tension for physicians who may feel caught between the demands of medical economics and their relationships with their patients.

The project team conducted two focus groups with physicians and four focus groups with patients to identify important themes affecting communication between physicians and their patients in the Raleigh, N.C., area. Subsequently, they audiotaped and analyzed interactions between patients and providers in area primary care physician offices. They specifically recruited patients with expectations for diagnostic tests and specialty

referrals. After the office visit, patients provided information on whether their expectations were met, their satisfaction with care, their trust in the physician and their perceptions of whether their insurance coverage influenced the physician's decision-making.

Researchers analyzed the audiotapes were analyzed to describe provider communication techniques and explore the relationship of those techniques to unmet patient expectations and patient satisfaction. Data analysis is still underway.

### ***Project: Research to Develop Recommendations for Internet-Based Medical Practice***

#### **Grantee**

**Mount Sinai School of Medicine of New York University** (New York, N.Y.)

\$52,304 (March 2000 to October 2000) ID# 038793

**Greater New York Hospital Foundation** (New York, N.Y.)

\$51,616 (December 2000 to October 2001) ID# 041277

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**Summary.** The goal of this project was to analyze the ethical, legal and policy issues posed by medical practices on the Internet, and produce recommendations for public policy and professional guidelines. This project focused on situations where physicians provide specific advice, diagnosis, prescriptions or other treatments over the Internet in the absence of a preexisting or ongoing patient-physician relationship.

**The Project.** Investigators reviewed the legal and policy background for regulating the medical profession and medical practice to determine whether these legal standards apply to medicine online and to analyze the implications of those standards for on-line practices. The investigators also assessed the risks and benefits for patients of medical practices online. After conducting this preliminary research, the project team convened an interdisciplinary advisory committee of experts in law, consumer protection, medicine, ethics, patient-physician communication and the e-health Internet to draw up consensus guidelines for the practice of medicine over the Internet without a prior doctor-patient relationship.

**Findings.** Key findings of this project reported to RWJF include:

*Medical Practices Online and Consumer Attitudes*

- Demand for online medical consultation between patients and physicians who have never had an in-person encounter is significant and appears to be growing, and the strongest demand is likely to arise for second opinions from leading national experts. To date, patients have used on-line information to supplement rather than replace an existing patient-physician relationship.
- Medical treatment online, in the absence of a preexisting patient-physician relationship, is currently provided for a wide array of medical conditions and circumstances, ranging from one-time interactions for a second opinion for conditions such as cancer to ongoing psychotherapy and prescription medications.

#### *Professional and Ethical Standards*

- Guidelines developed by professional organizations are urgently needed to set parameters, identify best practices and promote the quality of care for medical practice delivered online within and outside of existing patient-physician relationships.
- At present, medical practice on the Internet is delivered in a professional vacuum, with uncertainty about whether and how existing standards of professional practice apply to online medical care.

#### *Legal and Policy Research*

- Medicine online can provide the kind of diagnosis, consultation, advice or treatment that falls within the traditional legal definition of medical practice established by state laws.
- The legal criteria that establish a patient-physician relationship under traditional medical practice will apply to online encounters.
- Under the current regulatory framework, online medical advice outside a preexisting relationship is generally barred as the unauthorized practice of medicine.

#### *Risks and Benefits Of "Cybermedicine"*

- An emerging consensus by professional organizations and health care quality experts strongly supports the use of e-mail in an existing patient-physician relationship to increase access, enhance communication and improve the quality of care.
- Cybermedicine in the absence of an existing patient-physician relationship offers significant benefits and risks for patients.
- In most instances, patients have no means to evaluate the quality of care online.

### ***Project: Research on the Potential Effects of On-line Pharmacies on the Patient-Provider Relationship***

#### **Grantee**

**University of California, San Francisco, Institute for Health Policy Studies** (San Francisco, Calif.)

\$203,750 (May 2000 to September 2001) ID# 038851

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**Summary.** This study described the current state of electronic prescribing and analyzed barriers to wider adoption and possible measures to overcome such barriers. Electronic prescribing by physicians is widely hailed as a way to reduce medication errors and stem the rising cost of prescription drugs. With electronic prescribing, physicians can use a hand-held computer to write a prescription, transmit it to a pharmacy and have the prescription checked for adverse interactions and insurance coverage.

**The Project.** The investigators reviewed the existing literature and interviewed 65 experts, including drug manufacturers, pharmacy benefits managers, electronic prescribing firm representatives, physicians, pharmacists and industry analysts.

**Findings.** The investigators reported on the barriers to further adoption of electronic prescribing, in a report to RWJF, including:

- Electronic prescribing systems are not well integrated with existing electronic medical records systems and all pharmacy benefits plans associated with a practice. Physicians currently are unable to obtain from electronic prescribing systems complete medication histories, current and accurate data on managed care formularies (the kinds of medications the health plan will cover) and prescription drug co-payment information.
- Electronic prescribing systems lack many of the features desired by physicians, such as automated refills and the ability to customize menus on devices.
- Health care providers are unwilling to pay user fees requested by vendors. Because of financial losses, electronic prescribing firms have sought partnerships with pharmaceutical manufacturers and pharmacy benefits management companies.
- The investigators also identified several policy issues that need further discussion:
  - Some strategies for making electronic prescribing more profitable raise ethical and policy concerns. For example, selling data on medication prescribing might help drug manufacturers and pharmacy benefits managers increase the market share of targeted drugs. However, the sale of this data also raises public concerns about keeping identifiable health information confidential.

- Electronic prescribing technology should be used to promote patient well-being and the common good, rather than just increase market share and profits for drug manufacturers or pharmacy benefits managers.

### ***Project: Strengthening the Doctor-Patient Relationship through Discussions About Complementary and Alternative Medicine***

#### **Grantee**

**University of California, San Francisco** (San Francisco, Calif.)

\$305,624 (May 2000 to October 2003) ID# 039050

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**Summary.** Although Americans are increasingly using acupuncture, herbal remedies and other complementary and alternative medical services, they frequently do not inform their physicians. Project staff worked to explore patient and physician concerns about complementary and alternative therapies, develop guidelines for how physicians should discuss these therapies with patients and suggest ways health care organizations can facilitate these discussions.

**The Project.** The project team began with open-ended interviews with 20 physicians in the San Francisco area who taught doctor-patient communication to medical students and residents or had a special interest in complementary and alternative therapies. They also convened an expert panel to discuss how physicians might improve their communication about complementary and alternative therapies.

Subsequently, the investigators developed three case scenarios in which patients and physicians communicate about the patient's use of an alternative therapy. For each scenario, they also developed one script that represented what physicians typically say and do (the traditional approach) and a second that incorporated the recommendations of the expert panel (the patient-centered approach).

Physicians who use a more traditional approach provide pertinent medical information and subsequently guide the patient's decision-making. Physicians who use a patient-centered approach, in contrast, try to ascertain the patient's reasons for using an alternative therapy, and then work in partnership with him/her to arrive at a treatment decision.

In a follow-up project, the investigators examined patients' reactions to the two styles of communication. Patients viewed two videotapes of physicians and patients (played by professional actors) discussing complementary and alternative medical services—one in

the traditional approach and one in the patient-centered approach. Patients completed a questionnaire rating each tape.

**Findings.** The key findings of the study reported by the project director to RWJF include:

- Although the vast majority of patients (69 percent) preferred the patient-centered approach, one-third of patients (31 percent) still preferred the more traditional communication style, in which the physician provides pertinent medical information to the patient and guides his/her decision-making.
- Patients who preferred the patient-centered approach were more likely than other patients to have a physician who used that style of communication, to be younger and to rate as important that the physician is interested in the patient as a person with unique needs, feelings, lifestyle and culture (rather than strictly focusing on the patient's illness and the targeted treatment).

**Conclusions.** The investigators conclude that patient preferences for communication style may vary and that physicians may need to individualize their approach depending on the patients' expectations and needs.

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### Sponsored Workshops

"Appropriate Use of Specialty Care Expert Meeting," March 25–26, 1997, San Francisco.

"Patient-Provider Interactions Working Group Meeting," November 19–20, 1997, San Francisco.

"The Role of the Primary Care Provider Working Group Meeting," January 15, 1998, San Francisco.

## PROJECT LIST

Reports on the projects managed under this National Program are listed below. Click on a project's title to see the complete report, which typically includes a summary, description of the project's objectives, its results or findings, post grant activities and a list of key products.

- [Depressed Patients Can Thrive Under Managed Care, Study Finds \(August 2004\)](#)
- [Direct-to-Consumer Prescription Drug Ads Create Problems, Providers Say \(August 2004\)](#)
- [Full Disclosure: HMO's Financial Incentives Don't Reduce Patient Trust \(August 2004\)](#)
- [Research Finds Patients Feel Better When Doctors Meet Their Requests \(July 2008\)](#)
- [Strengthening the Patient-Provider Relationship Grantee Holds Meetings on Hospital-Based MDs: Importance of Communication Underscored \(August 2004\)](#)
- [Study: Patients Like Their Primary Care Doctors Better When They Get to Choose Them \(August 2004\)](#)
- [Study Says Redesign of Patient-Provider Relationship Needed for Improved Primary Care \(August 2004\)](#)