

# In Anticipation of Patient Participation

Avital Nahmias MD Msc<sup>1</sup>, Orly Tamir MD<sup>3</sup>, Itamar Raz MD<sup>2</sup> and Julio Wainstein MD<sup>4</sup>

<sup>1</sup>Department of Medicine and <sup>2</sup>Diabetes Unit, Hadassah University Hospital, Jerusalem, Israel

<sup>3</sup>Israeli Center for Technology Assessment in Health Care, Gertner Institute of Epidemiology and Health Policy Research, Tel Hashomer, Israel

<sup>4</sup>Diabetes Unit, Wolfson Medical Center, Holon, Israel

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The efficacy of treatment in the community is greatly influenced by the physician-patient relationship and the patient's education and understanding. Numerous studies have addressed these issues and found that patients' participation in the medical visit is related to their satisfaction and subsequent adherence to the treatment regimen [1].

In this issue of *IMAJ*, Weitzman et al. [2] report an improvement in glycemic, lipid and blood pressure control following patient-feedback intervention compared to additional feedback from the provider (health management organizations). Patient feedback included a letter encouraging patients to remind their doctors to address essential aspects of diabetes care. Patients in the dual-intervention group had slightly lower hemoglobin A1c levels and blood pressure and significantly lower low density lipoprotein levels. More importantly, the proportion of patients meeting all three outcome targets of HbA1c < 9%, LDL < 130 mg/dl and systolic blood pressure < 140 mmHg was significantly greater in the dual-intervention group.

Clinical and epidemiological studies have demonstrated clearly that adequate control of HbA1c, blood pressure and LDL-cholesterol levels significantly reduces major macrovascular

and microvascular complications and mortality (Steno-2) [3]. It is therefore crucial to assess these parameters when attempting to measure quality of care rather than processes of care, such as the rate of retinal screening, foot examinations and measurement of HbA1c. Mangione and collaborators [4] conducted a large cross-sectional study, sampling patients from several HMOs. Intensity of disease management was determined through surveys, and diabetes care processes and control of intermediate outcomes were assessed. Interestingly, a higher intensity of management was associated with a higher rate of care processes but not with intermediate outcome levels.

Although this study has several limitations, it stresses the need to carefully follow both care processes and therapy goals to ensure effectiveness. Diabetes quality measures might be divided into accountability measures (HbA1c, LDL and BP) and improvement measures, focusing on processes of care [5].

Many strategies may be developed to improve disease management. These include educational or learning interventions (both for the patient and the physician), patient activation, as well as electronic medical records. The Minnesota Department of Health initiated a large health project to train primary care clinic personnel in a seven-step quality improvement method. The quality improvement change process was successfully implemented, but it failed to improve HbA1c, LDL or BP levels [6].

The current study demonstrated that a feasible, inexpensive patient-feedback intervention improved the combined diabetes intermediate outcome as compared to provider-feedback alone. The magnitude of these improvements was modest for each individual outcome. However, the likelihood of simultaneously meeting all three outcome targets increased significantly. Focusing on the accountability measures (HbA1c, LDL and BP) in this study allows a true assessment of the clinical benefit.

It is not unreasonable to assume, as the authors claim, that patient education by letter and phone call compelled the doctor to address these issues and provide a more suitable and determined regimen. As the time needed for comprehensive high quality management exceeds the time available, focusing on the medical visit makes all the difference [7]. Naturally, the compliance of the patient also improved with a better understanding of his/her disease. Focusing on the patient rather than on the physician is not a novel idea, and its effect has been shown previously with intense follow-up and coaching. It has been reported that when a clinic assistant reviews the medical record with each patient, guided by a diabetes algorithm (prior to the regular visit to a physician), this changes patient behavior and results in improved blood sugar control [8]. To maximize diabetes control, patients must participate effectively in their medical care. The importance of this paper lies in demonstrating that even a low budget and simple intervention can improve key therapy outcome goals with a direct beneficial effect on morbidity and mortality.

LDL = low density lipoprotein

HMO = health management organizations

## Correspondence:

**Dr. I. Raz**

**Phone:** (972- 2) 677-8021

**Fax:** (972-2) 642-0597

**email:** ntv502@netvision.net.il

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