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40 – Measuring Effectiveness in General Practice / Family Medicine

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Context

Increasing patient involvement in their own care, and its evaluation, is an important feature of health service development. Donabedian has conceptualised effectiveness into technical and interpersonal aspects: the latter is explored here.

McWhinney defined general practice as working with undifferentiated problems, patient -focused, and stressed the importance of the doctor-patient relationship. All definitions of the role of general practitioner (The Leeuwenhorst Group 1974, the European Academy of Teachers in General Practice, EURACT in 2005) focus on a biopsychosocial perspective.

So core values in primary care include a holistic patient-centred approach. There has been much debate over the definition of patient-centredness and its measurement, but Stewart defines essential components as: exploring the patient's reason for the visit, including their information needs and concerns, seeking an integrated understanding of the patient's world, finding common ground on defining the problem and how to manage it, attending to health promotion and prevention, and enhancing the on-going patient-doctor relationship. This paradigm change from biomedical and disease-centred, is embodied in 'the patient-centred clinical approach'. Patient-centredness, although a widely recognized concept, is difficult to define, and measure.

The importance of communication

The consultation is the pivotal exchange in health care delivery. Silverman reports that during their working life doctors perform 200,000 consultations. Striving for quality in such a fundamental area is therefore a professional imperative. Research continues to show that doctors fail to determine why their patients *really* consult. Studies have shown how quickly doctors interrupt patients, how they fail to elicit half of their concerns and how important unvoiced agendas are. Doctors often consult in a directive doctor-centred style. Patients crave information and want to be involved in decisions regarding their care. Problematic communication has led to malpractice claims and dissatisfaction.

Pragmatic process and outcome measures

Time is used as a crude measure of consultation quality and studies have shown that longer consultations are associated with improved problem recognition. Studies have also shown that a "patient –centred" approach to the medical consultation does not always take longer -it is the interplay of factors that is important. Mechanic has pointed out the complexity of potential "active ingredients" in consultations which

impact on time and quality (variability in problems, patients, doctors, the system).

Our understanding of effectiveness needs to be further developed.

Patient satisfaction surveys have flourished and many are now available. Baker defined satisfaction as "the patient's judgement of the quality of care". Both Ware (in the US) and Baker (UK) found that technical and interpersonal aspects of care are important for satisfaction. Patient satisfaction studies confirmed that remarkably few patients express dissatisfaction, which may be because satisfaction becomes a composite of overall attitude to health care and specific feelings. Framing may be influenced by methodological approaches.

In satisfaction studies there was downward drift over time, which could be linked to increasing patient expectations and staff demoralisation, so repeated surveys could become problematic. Calnan has investigated patient satisfaction with general practice in the UK (95%), Greece (87%), Yugoslavia (85%) and Russia (62%): all nominated the doctor-patient relationship, and professional skills as important. Another of his surveys reported that despite patient satisfaction being high, 38% of respondents felt unable to discuss personal problems with their GP, which casts doubt on satisfaction denoting quality of care. Satisfaction surveys have limitations as patients seem inclined to report satisfaction and the results of such surveys fail to provide detail needed for assessment of individual consultation quality. Patients may report satisfaction with their consultation, but have they been helped?

The Patient Enablement Instrument

The development of the Patient Enablement Instrument (PEI) aims to operationalise patient-centred consulting in terms of a patient-reported outcome. It represents over 20 years work by Howie (1) and was developed from literature review and patient focus groups: six questions were discriminatory (Figure 1).

The Patient Enablement Instrument

As a result of your visit to the doctor, do you feel you are ...

	Much better	Better	Same or less	Not applicable
able to cope with life	◯	◯	◯	◯
able to understand your illness	◯	◯	◯	◯
able to cope with your illness	◯	◯	◯	◯
able to keep yourself healthy	◯	◯	◯	◯
	Much more	**More**	**Same or less**	**Not applicable**
confident about your health	◯	◯	◯	◯
able to help yourself	◯	◯	◯	◯

Scoring: much better/more: 2; Better/more: 1; Same or less: 0;
Total score: max 12, min 0, per consultation

Figure 1: The Patient Enablement Instrument (PEI)

Enablement builds on theories that adjustment and coping are important modifiers of patient outcome, and predictors of how patients feel and perceive life. Although enablement correlates with satisfaction measures, it represents a distinct concept. GPs who were more enabling were those who had longer consultation times, so both were regarded as useful measures of consultation quality.

It is known that continuity (how well the patient knows their GP) improves enablement (and is under attack by contemporary service development). Studies relate enablement and empathy (2) , and an analysis of verbal interactions in consultations (3) showed that socio-emotional interactions support enablement. Receiving a prescription when one is expected (4,5) is also associated with enablement. Mead et al studied a modified PEI (part of the General Practice Assessment Questionnaire (GPAQ 12) in the UK, with 190,038 consultations, 1031 practices) and found patients' evaluation of communication skills was associated with enablement. Patients with chronic illness and frequent attenders report lower enablement, and patients consulting in other languages report higher enablement (5). The PEI has been validated in Poland (5) Croatia, Thailand, Japan, China and Sweden with similar results. Howie's study reported PEI as independent of case-mix (4), but Mercer and Pawlikowska (5) have found that those with psychological problems are more difficult to enable.

A wide variety of issues impact on the consultation, given the influence of case-mix, the individuality of patients, doctors and their relationships, it is clear that any quantitative measure of effectiveness based on the analysis of small numbers of consultations, will be unlikely to yield a reliable measure. Large numbers of unselected consultations are needed for the effect of influences to accumulate. PEI requires such conditions, which is both its strength and its possible limitation.

Patient enablement (the PEI) provides us with a way to investigate effectiveness in general practice, which is sensitive to patient, doctors and consultations. It encapsulates general practice core values and a patient-centred approach.

Take home messages

- Increasing patient involvement in the assessment of their own care is a 21st Century imperative.
- The medical consultation is pivotal to health care delivery, and the pursuit of excellence in consultations enables practitioners to activate their knowledge in the service of patients.
- There are many ways to approach the assessment of effectiveness, and patient centred outcomes are valued, but sometimes difficult to define and operationalise.
- The Patient Enablement Instrument (PEI): Patient offers an approach to investigate effectiveness in family practice, which is sensitive to patient, doctors and consultations.

Original abstract

http://www.woncaeurope.org/content/theme-c-measuring-effectiveness-general-practice-family-medicine

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