

PHYSICIANS OFTEN FAIL TO USE RECOMMENDED CARE MANAGEMENT PROCESSES

Tens of millions of patients with chronic diseases in this country are not receiving the type of care management proven to be effective, according to “External Incentives, Information Technology, and Organized Processes to Improve Health Care Quality for Patients with Chronic Diseases,” a study by Stephen M. Shortell and colleagues, published in the January 22 issue of the Journal of the American Medical Association.

The study’s objective was “to determine the extent to which physician organizations with 20 or more physicians use care management processes (CMPs) and to identify key factors associated with CMP use for four chronic diseases: asthma, congestive heart failure, depression, and diabetes.”

Researchers found that physician groups on average use only 32 percent of 16 recommended care management processes, which include the use of nurse case managers, programs to help patients care for their illnesses, disease registries, reminder systems, and feedback to physicians on their quality of care. The study also found that one physician group in six uses none of these processes.

“The results suggest that Americans are not receiving care that is as good as it could and should be,” says Shortell. “In many ways, physicians are still organized to practice medicine the way they did 100 years ago.”

The four chronic diseases addressed by the study together account for 140,000 deaths and \$173 billion in costs each year in the United States. Researchers surveyed 1,040 medical groups and



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independent practice associations with at least 20 physician members, surveying the presidents, chief executive officers or medical directors of the groups.

“The processes we studied are known to improve the quality of patient care,” says Lawrence Casalino, assistant professor of health studies at the University of Chicago and lead author of the paper.

“Our research indicates that physician organizations are beginning to create effective processes to increase quality, but most still have a long way to go.”

The researchers found that physician groups are more likely to use organized processes to improve care when they have clinical information technology in place and are given external incentives such as financial rewards, public recognition, or better contracts with health plans for high-quality care. However, half of the groups reported having no clinical

information technology, and one in three physician groups reported having no external incentives to improve quality.

“We know incentives work, but for the most part, they are not being used,” says Casalino. “The federal government and large employers have the most leverage to establish incentives. They have the opportunity and the responsibility to do so. Most Americans probably don’t realize that those who purchase health insurance on their behalf are not paying for quality care.”

Other co-authors of the study are Robin R. Gillies, Julie A. Schmittziel, James C. Robinson, Thomas Rundall, Helen Ann Halpin, and Margaret C. Wang from UC Berkeley’s School of Public Health; Thomas Bodenheimer from UC San Francisco’s Department of Family and Community Medicine; and Nancy Oswald from Healthcare Consulting in Berkeley. 🌱