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UC Davis study finds that 'patient-centered care' lowers health-care costs

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June 24, 2011 - (SACRAMENTO, Calif.) - Physicians who have more personalized discussions with patients and encourage them to take a more active role in their own health care can help lower medical costs and reduce the need for some health-care services, according to new research from UC Davis Health System.

Researchers said the lower medical costs stem from physicians and patients having more confidence that together they have reached a correct diagnosis and decided upon a good strategy to improve the patient's health. What's been termed "patient-centered care" can help eliminate or reduce unnecessary and costly testing and referrals to specialists, said family practice physician Klea Bertakis and study co-author Rahman Azari, a professor of statistics at UC Davis.

"Patient-centered care has been identified by the Institute of Medicine as one of the key actions for improving our nation's health," said Bertakis, principal investigator of the study and professor and chair of the UC Davis Department of Family and Community Medicine. "Our study shows that including patients in more of the treatment and care-planning discussion is not only the right thing to do, it is also cost-effective."

In conducting the study, which appears in the current issue of the *Journal of the American Board of Family Medicine* [1], Bertakis and Azari randomly selected more than 500 new adult patients to receive care by family physicians or general internists. Each examination over the course of one year was videotaped and carefully analyzed and coded to measure the extent of discussions between patients and physicians. Factors indicating patient-centered care included discussing family and social history, nutrition and exercise, the patient's beliefs about his or her health, and counseling on the patient's emotions or interpersonal relations. The factors were then compared to the number of a patient's health-care visits as well as charges over the course of a year.

The study found that the number of specialty-care visits, hospitalizations and diagnostic services were significantly reduced, as were total health-care charges and specialty-care charges, among patients who received more patient-centered care. The trends were still significant when patient gender, health status and socioeconomic factors were taken into account.

According to Bertakis, the observed reduction in the use of services and costs for patients who received patient-centered care likely represents the elimination of non-essential medical care.

"There may be a margin of discretionary use of health-care resources, such as diagnostic testing and the use of specialist referrals, that is not necessary when both physician and patient are comfortable with a diagnosis and have agreed on a treatment plan," said Bertakis. "Patient-centered care may lead to patients and physicians feeling more confident about the decisions reached during their appointment and feel less need to utilize unnecessary studies."

Patient-centered, or "activated," care has been a concept of increasing interest in medicine in the past few decades and has been viewed as a paradigm for high-quality interpersonal care. In 2001, the Institute of Medicine presented an action plan for improving the nation's health that consisted of six key components, one of which was "patient-centeredness." The patient-centered approach generally consists of having physicians elicit and understand a patient's symptoms as well as his or her perspective and concerns, ideas and expectations; consider the "whole person" or the context for the disease by inquiring about family, social network, job and interests; and involve patients to reach agreement about the disease or condition and the most appropriate management plan.

The UC Davis study based its finding on a continuous year of care rather than a single patient visit. Bertakis said that determining whether patient health actually improves through patient-centered care will require long-term study, perhaps as long as 15 years.

"There are so many variables to good health and quality health care," said Bertakis, who also has examined the role of gender in patient-centered care. "I'm optimistic that we will find that care truly centered on the patient will result in greater knowledge of patients, greater trust between physicians and patients, and a diminished need for additional specialty referrals, diagnostic testing and hospitalizations. It is certainly worth pursuing."

The study, "Patient-centered care is associated with decreased health care utilization," was supported by a grant from the U.S. Department of Health and Human Services' Agency for Healthcare Policy and Research (now known as the Agency for Healthcare Research and Quality). Bertakis and Azari are affiliated with the UC Davis Center for Healthcare Policy and Research, which facilitates research activities in the areas of health policy, health-care delivery, quality and comparative effectiveness.

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