Interventions improve primary care processes but not necessarily outcomes


Objective
To summarize programs designed to enhance the quality and economy of primary care.

Data Sources
MEDLINE (1980 to 1992) searches were done using the terms ambulatory care, ambulatory care facilities, primary health care, professional education, quality of health care, outcome and process assessment (health care), continuity of patient care, costs and cost analysis, efficiency, and activities of daily living.

Study Selection
Studies were selected if they met ≥ 5 of 9 predetermined quality standards (data collection and validity, research question, program description, statistics, sample selection and size, follow-up, and biases).

Data Extraction
Data extracted included study design and quality, primary care goal, intervention, and effect of the intervention.

Main Results
1785 articles were identified, and 32 (26 randomized trials) met the criteria. More than half of the 5000 care providers were residents or housestaff. Primary care goals for which interventions showed improvements were reduction of physician-ordered services (10 of 10 studies), preventive care (computerized chart reminders, feedback and audit or checklists, smoking cessation [counseling reminders], and screening protocols) (7 of 10 studies), management and coordination (nursing protocols, multidisciplinary teams, and funds to improve group practices) (11 of 13 studies), appropriate use of services (4 of 5 studies), efficiency (2 of 3 studies), patient and general satisfaction (2 of 4 studies), access (2 of 4 studies), care shift from inpatient to outpatient settings (1 of 2 studies), costs and charges (2 of 5 studies), patient physical function (1 of 3 studies), and technical process (multidisciplinary teams and feedback) (2 of 16 studies). Interventions showed no improvement for continuity of care (4 studies), morbidity (4 studies), physical environment (2 studies), mortality (1 study), and humanistic processes (physician-patient relationships and patient and family psychosocial needs) (1 study).

Conclusions
Interventions to improve the quality and economy of primary care (especially computer-generated reminders, audit and feedback, social-influence-based methods, and shifting specific function to nonphysicians) show substantial improvements (> 50% of studies were positive) in physician-ordered services, preventive care, management and coordination, use of services, efficiency, satisfaction, access, and shift from inpatient to outpatient settings. Interventions are less successful for improving continuity of care, morbidity, physical environment, mortality, humanistic process, costs and charges, physical function, and technical process.

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References