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Patient Knowledge Following Primary Care Visits

Christine Laine, MD, MPH*

* Thomas Jefferson University

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Patient Knowledge Following Primary Care Visits

The communication of health-related information from physicians to their patients is a vital component of health care that strongly influences clinical outcomes and patient satisfaction.¹ Yet, evidence suggests that physicians frequently do not provide their patients with adequate information and that patients are frequently more dissatisfied with information exchange than with other aspects of care.² In 1995, Jefferson Medical College received funding through the Picker/Commonwealth Faculty Scholars Program to explore the types and amount of information that patients retain after primary care visits. The objectives of this ongoing research are: 1) to determine whether patients leave primary care visits with essential health-related knowledge, 2) to examine relationships between patient, physician, and visit-related factors and patient knowledge, and 3) to examine relationships between patient knowledge, compliance, and satisfaction. Adult patients participating in this study complete telephone interviews with study staff within one week of a visit to either the faculty or resident general internal medicine practices. After comparing patient interview responses with information documented in the medical record, physician raters rate patient knowledge regarding diagnosis, medical testing, pharmacologic and non-pharmacologic therapy, consultations, and follow-up care.

To date in our study, patient enrollment is complete and 700 patients have been interviewed. Study patients represent a broad age range, diverse socioeconomic status, minority as well as non-minority ethnic groups, varied self-reported health status, and an array of clinical problems. Chart review and knowledge ratings are in the process of being completed and full results will be forthcoming.

Preliminary analyses of the first 237 study patients suggest that patients do leave primary care visits without important health-related knowledge. For example, among the first 237 study patients, only 32.9% had knowledge scores indicating excellent knowledge about the diagnosis or diagnoses addressed during the study visit. Regarding tests, more than 32% of these patients had scores indicating important deficits in knowledge about the tests that had been ordered during the index visit. These initial patients tended to have either excellent (73.8%) or poor (19.4%) knowledge regarding consults, with few having intermediate levels of knowledge in this domain. Knowledge regarding medications appears particularly problematic with just over 24% of patients demonstrating excellent knowledge and more than half having scores in the lowest 3 knowledge categories. About 65% of patients had excellent knowledge regarding non-pharmacological therapy recommended during the index visit, but nearly 18% had poor knowledge in this domain. Only about 64.1% of patients had excellent knowledge regarding scheduled follow up. This finding indicates that a substantial number of study patients left a visit without a good understanding of when, where, or with whom they were to follow up.

This study will extend our understanding of doctor-patient communication by investigating the amount of information retained by patients after a primary care visit and will begin to examine the relationships between patient knowledge, compliance and satisfaction. The results of the project will guide the development of interventions to improve the communication of information during doctor-patient encounters.

References

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About the Author

Christine Laine, MD, MPH, is a Research Associate in the Center for Research in Medical Education and Health Care, and Assistant Professor of Medicine in the Division of Internal Medicine, Jefferson Medical College, Thomas Jefferson University.