Title
Physician compensation and quality of diabetes care: Preliminary results from the triad study

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higher proportion of women than men engaged in each activity. There were no differences by physician specialty, practice, or insurance. Among the 105 intervention physicians (88 men and 14 women), 64% accessed the toolbox, 51% of the guidelines, 27% the literature watch and 16% participated in all 3 of these interventions on at least one visit, as well as completing at least one case (total = 99). Though not statistically significant, physician participation in the intervention components appeared inversely related to physician practice size and women approached more frequently to men to participate in all components. Of the guidelines, 29% of women vs. 14% of men, p = 0.02, were intense users. There were no differences in the use of intervention options by physician specialty or age.

CONCLUSIONS: Given the very large and still expanding population of physicians reachable through the Internet, a recruitment rate of 10% represents a potentially significant group to be enlisted in Internet-delivered quality improvement interventions. Our findings of differences in recruitment and participation rates by physician specialty and sex, and of differential use of the options offered by the intervention, should guide future efforts to use the Internet as a delivery system for quality improvement efforts.

PHYSICIAN CHARACTERISTICS ASSOCIATED WITH BEING A PROFICIENT LEARNER-CENTERED TEACHER. E. Menhenick 1, A.M. Knight 2, Johns Hopkins University, Baltimore, MD. (Tracking ID: 156666)

BACKGROUND: Medical education relies heavily upon medical learners’ self-awareness and motivation. Clinical competence and professional growth is thought to occur more efficiently, effectively, and satisfyingly when a learner-centered approach to medical education is taken. This study’s primary objective was to identify characteristics that are associated with physician teachers’ professorial behaviors in learner-centered teaching skills.

METHODS: A cohort of 363 physicians, who were either past participants of the Johns Hopkins Faculty Development Program or members of a comparison group were recruited for the survey by mail in July 2002. A 69-item, self-report survey designed to assess physicians about personal characteristics, professional characteristics, teaching activities, self-assessed teaching proficiencies and behaviors, and scholarly activity. The learner-centeredness scale, a composite learner-centeredness variable, was developed using factor analysis. Logistic regression models were then used to determine which factor characteristics were independently associated with scoring highly on a dichotomized version of the scale.

RESULTS: Two hundred and nineteen physicians responded (92% of whom 262 (88%) had taught medical learners in the prior 12 months. Factor analysis revealed that the six questions from the survey addressing learner-centeredness characteristics clustered together to form the learner-centeredness scale (Cronbach’s Alpha: 0.73). Eight items, representing discrete faculty responses to survey questions, were independently associated with high learner-centered scores: (i) proficiency in directing learners’ activity (OR=2.9, 95% CI: 1.3–19.6); (ii) helping learners identify resources to meet learners’ needs (OR=3.7, 95% CI: 1.7–8.5); (iii) frequently attempting to detect and discuss emotional responses of learners (OR =2.5, 95% CI: 1.1–5.5). The learner-centeredness scale was significantly associated with learner-centeredness behaviors (OR=2.6, 95% CI: 1.1–6.0), and (viii) frequently letting learners know how different situations affect the teacher (OR =2.5, 95% CI: 1.1–5.5).

CONCLUSIONS: It may now be possible to identify medical educators that may more learner-centered in their approach to medical education. Beyond providing training to help physicians become more proficient learner-centered teachers, training programs that want to improve the overall quality of teaching among their faculty may wish to promote the teaching behaviors and proficiencies that are associated with high learner-centered scores identified in this study.

PHYSICIAN COMPENSATION AND QUALITY OF DIABETES CARE: PRELIMINARY RESULTS FROM THE TRIAD STUDY. M. King 1, W.H. Steen 1, W.H. Herman 1, C.M. Maragone 1, K.M. Venkat Narayan 1, S.L. Elfit 1, University of Michigan, Ann Arbor, MI; University of California, Los Angeles, Los Angeles, CA; Centers for Disease Control and Prevention (CDC), Atlanta, GA. (Tracking ID: 155223)

BACKGROUND: Few studies have explicitly examined the association between physician compensation and quality of care. One study suggested that physicians paid primarily by salary provided better quality care than those paid fee-for-service.

METHODS: We examined the cross-sectional association between physician-reported compensation strategies and quality of care in the Translating Research Into Action for Diabetes (TRIAD), a study of diabetes care in managed care. Eight of the 10 TRIAD health plans contracted with 1 to 26 provider groups (total of 68 groups) to provide care; participants in this analysis included 4200 individuals with diabetes and their physicians (n=1248). Main outcome measure was a modified diabetes process measure constructed from the past year (laboratory: hemoglobin A1c (HbA1c), proteinuria, and lipids; performance of diated eye exam, foot exam, influenza vaccination; and advice to take aspirin), intermediate outcomes HbA1c (0.8% end of the visit, which has been called the “by-the-way” syndrome). Little is known about the content of the questions asked and physician response. We aimed to analyze this syndrome, physician response to it and the predictors of its appariion.

METHODS: We videotaped the 148-participant stratified random sample of 24 encounters in a primary care outpatient clinic. Patients were 19-90 and 50% were women. We performed a qualitative and quantitative analysis of patient-physician encounters and examined the predictors of the appariion of the “by-the-way” syndrome, defined as a new problem raised by the patient during the