

10th Annual HMO Research Network Conference

Abstracts from the HMO Research Network

This important abstract is the first to emerge from the Garfield Memorial Fund (GMF) study on Best Communication Practices. The study amassed videotape, audiotape, and pre/post physician and patient questionnaire data from live physician-patient primary care visits in two regions. It is one of a collection of five inaugural studies of the GMF Communication Initiative.

This abstract is also part of a collection of abstracts from the 10th Annual HMO Research Network annual meeting in May 2004, which will be published this year in The

Permanente Journal (TPJ). Several of these abstracts related to women will appear in the special Women's Health Winter issue in February 2005. All of these represent a new feature in TPJ called "Abstracts from the HMO Research Network." Tom Vogt, MD, FAHA, in his article (page 10), describes this network. I believe publishing these abstracts creates an opportunity for Permanente physicians and clinicians to learn from the research findings in like integrated groups and systems in other parts of the country.

— Tom Janisse, MD, Editor-In-Chief

May 3-5, 2004 Dearborn, MI
Evaluating Care Delivery

Ambulatory Care Visits: Squeezing 22 Minutes into a 19-Minute Visit?

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BACKGROUND: Balancing patient and provider demands for time during an ambulatory visit represents a significant clinical and economic challenge. The study examines actual visit times, patient satisfaction with time spent with the physician, and time perceptions of patients and physicians.

METHODS: We collected video and post visit questionnaire data from a convenience sample of patients and primary care physicians. We examined the time perceptions of how long physicians were in the exam room, stratified by whether patients felt they had adequate time with the physician. Using a mixed linear model, we evaluated differences in time estimates between the patient, physician, and a researcher watching the video.

RESULTS: Of the 192 patient-subjects, the majority was female (61%) and nonwhite (59%), with a mean age of 63 years. Most of

the 61 physician-subjects were male (59%) and had 10+ years experience in the health system. Overall, 84% of patients strongly felt that their physician spent enough time with them during their visit. On average, these patients estimated that physicians spent 22 minutes in the exam room, whereas physicians estimated 19 minutes and the actual mean time was 19 minutes. In visits where patients were less satisfied, on average the patients estimated that physicians spent 19 minutes in the exam room, whereas physicians estimated 20 minutes and the actual mean time was 18 minutes. After adjusting for age, gender, and clustering by physician, highly satisfied patients reported significantly more time spent with the physician on average compared with physicians' estimates or with actual measured time (difference = 2.6 minutes and 2.4 minutes, $p < 0.01$). There were no statistically signifi-

cant differences in actual visit times by patient satisfaction or between physician estimates and actual times.

CONCLUSIONS: Patients who are highly satisfied perceive spending significantly more time with the physician than actually occurred. In contrast, less-satisfied patients' time estimates did not differ from actual times; nor did physician time estimates differ. Similarly, there were no detectable differences in actual time between visits with various levels of patient satisfaction. These

preliminary results suggest that there may be methods to help patients feel that they have spent an adequate amount of time with their physician within the current visit-time constraints. ❖

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