

The cost of satisfaction: a national study of patient satisfaction, health care utilization, expenditures and mortality

Fenton, JJ et al., Arch Intern Med 2012; 172(5): 405-411

<http://archinte.ama-assn.org/cgi/reprint/172/5/405>

Fascinating prospective cohort study of adult patients, conducted from 2000 to 2007, assessing relationship of expressed satisfaction with care and subsequent health events. After adjustments for chronic diseases, insurance status, health status and year-one health care expenditures, respondents expressing the greatest satisfaction had higher odds of inpatient admission, total health expenditures, prescription drug expenditures and mortality (odds ratio 1:26). The authors state: "While satisfaction correlates with the extent to which physicians fulfill patients' requests, patient satisfaction can be maintained in the absence of request fulfillment if physicians address patient concerns in a patient-centered way. In the ideal vision of patient-centered care, physicians deliver evidence-based care in accordance with the preferences of informed patients, thereby improving satisfaction and health outcomes."

Association of National Hospital Quality Measure adherence with long-term mortality and readmissions

Shahian, DM et al., BMJ Qual Safety 2012; 21: 325-336

<http://qualitysafety.bmj.com/content/21/4/325.full.pdf+html>

Performance on the National Hospital Quality Measures for patients with acute MI, pneumonia and heart failure is increasingly affecting hospital reimbursement through pay-for-performance programs and the CMS value-based purchasing program. This study, performed at Massachusetts General Hospital, analyzed outcomes in patients from these three diagnostic categories who were hospitalized from 2004-2007. Patients with acute MI and pneumonia for whom their care conformed to the quality guidelines showed improved adjusted survival and decreased readmissions compared with those whose care did not conform with guidelines. For heart failure patients, some measures, such as the use of ACE inhibitors or ARBS, were associated with improved outcomes while conformity with other guidelines did not improve outcomes. As reimbursement is increasingly linked to conformity with specified standards, increasing pressure will likely be brought to bear by hospitals and providers to ensure that the accountability standards being used are those that most influence outcomes.

ID CORNER

WILLIAM SALZER, MD

URINARY TRACT INFECTIONS

A nice *In the Clinic* from Annals on UTIs—very practical!

In the Clinic—Urinary Tract Infection, Ann Intern Med, Vol 56, ITC 3, 3/6/12

<http://www.annals.org/content/156/5/ITC3-1.full.pdf+html?itcabout>