



Can doctors take HINTS: implications for primary care?

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Goals



- **Overview of health care needs and problems**
- **Comments on changing care**
 - **Changing the system**
- **Comments on where HINTS data could be useful**
- **Questions about whether it will be used**

Five Leading Causes of Death*

Cause of Death	Deaths/100K	Years of potential life lost [£] (millions)
Heart	70.3	3.3
Cancer	193.2	4.3
Cerebrovascular	56.4	0.5
Chronic Lower Resp Diseases	43.3	0.5
Accidents	37	2.9

*NHLBI Fact Book for 2002, 2/2005, £ up to age 75



Is anyone getting recommended care?



- Asch et al NEJM, 3/16/2006
 - % Recommended care received in a random sample survey of people with at least one visit
 - 30 conditions, 439 indicators
 - No clear relationship to income
- “No guarantee that any individual will receive quality health care” – IOM, 2001



The scope of needed change is overwhelming



- Fixing our delivery of health care is like redesigning a plane in flight....
 - Anonymous intelligent primary care physician
- People are dying to get into our offices
 - We see the colds and the coughs and the hypertensives
 - And then every once in a while all hell breaks loose
- So let's narrow the focus to cancer



We know how to affect cancer morbidity and mortality

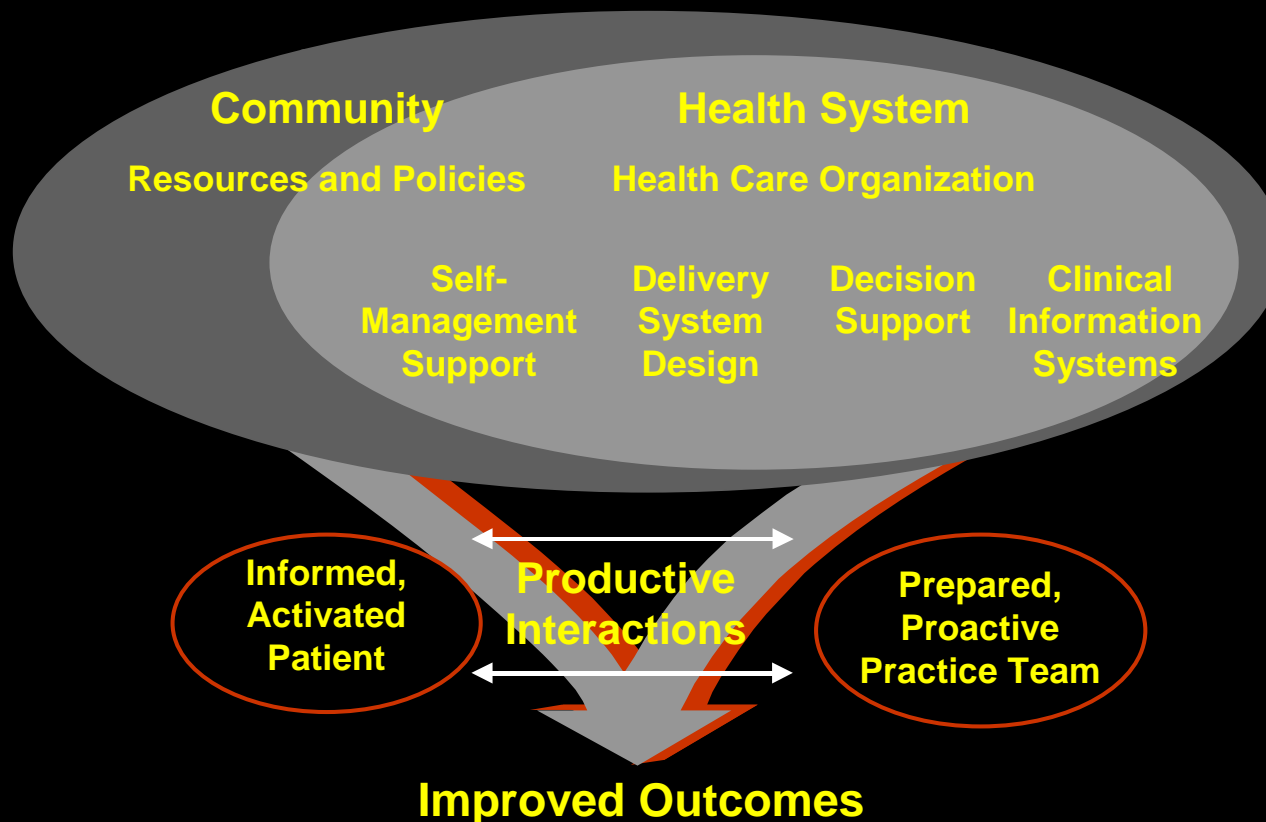


- Reduce and prevent smoking
 - Affects 4 of the top 5 conditions
- Encourage screening
 - Breast
 - Colon
 - Cervical
- Provide state of the art treatment

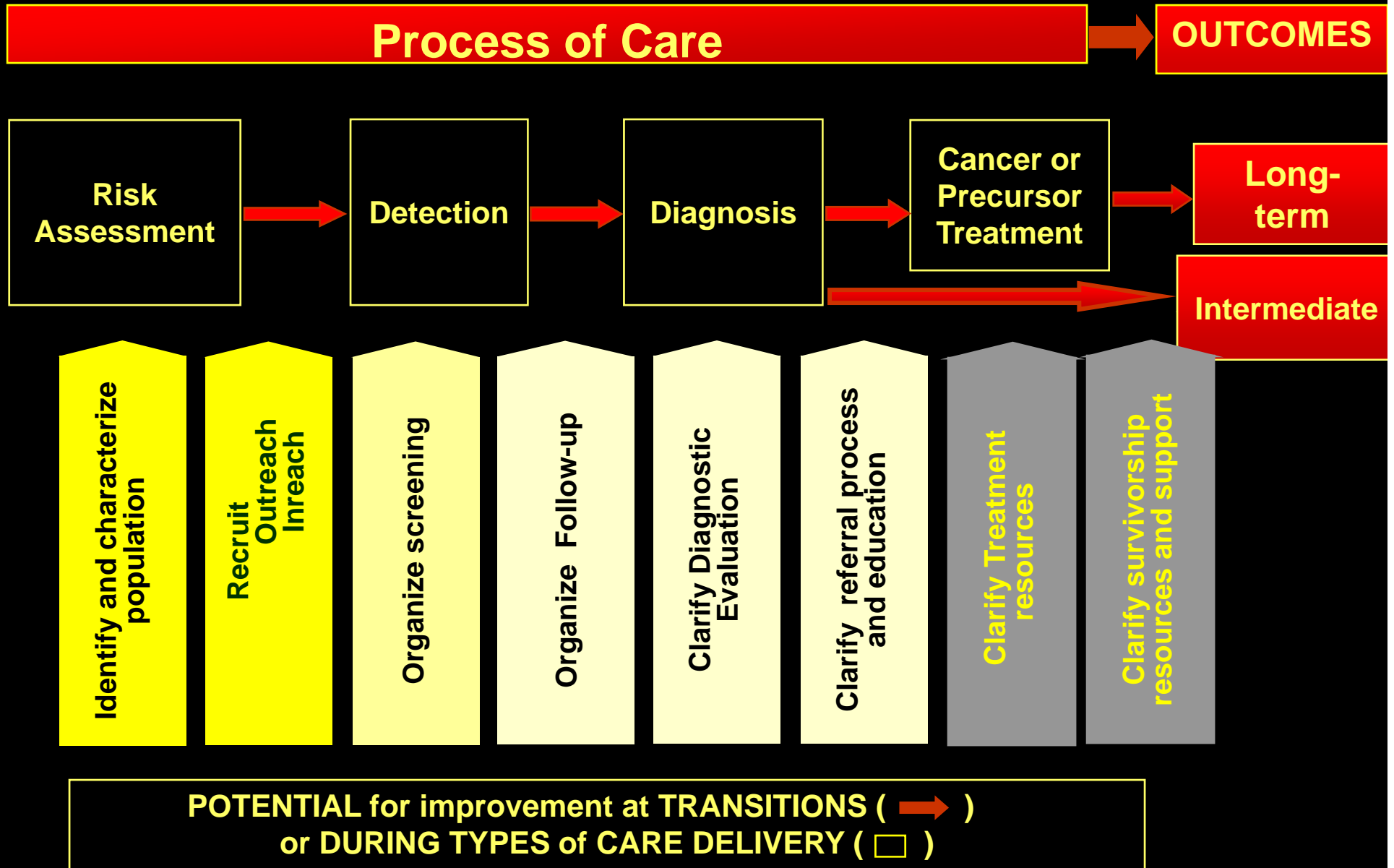


Organizing the chaos of change

Chronic Care Model

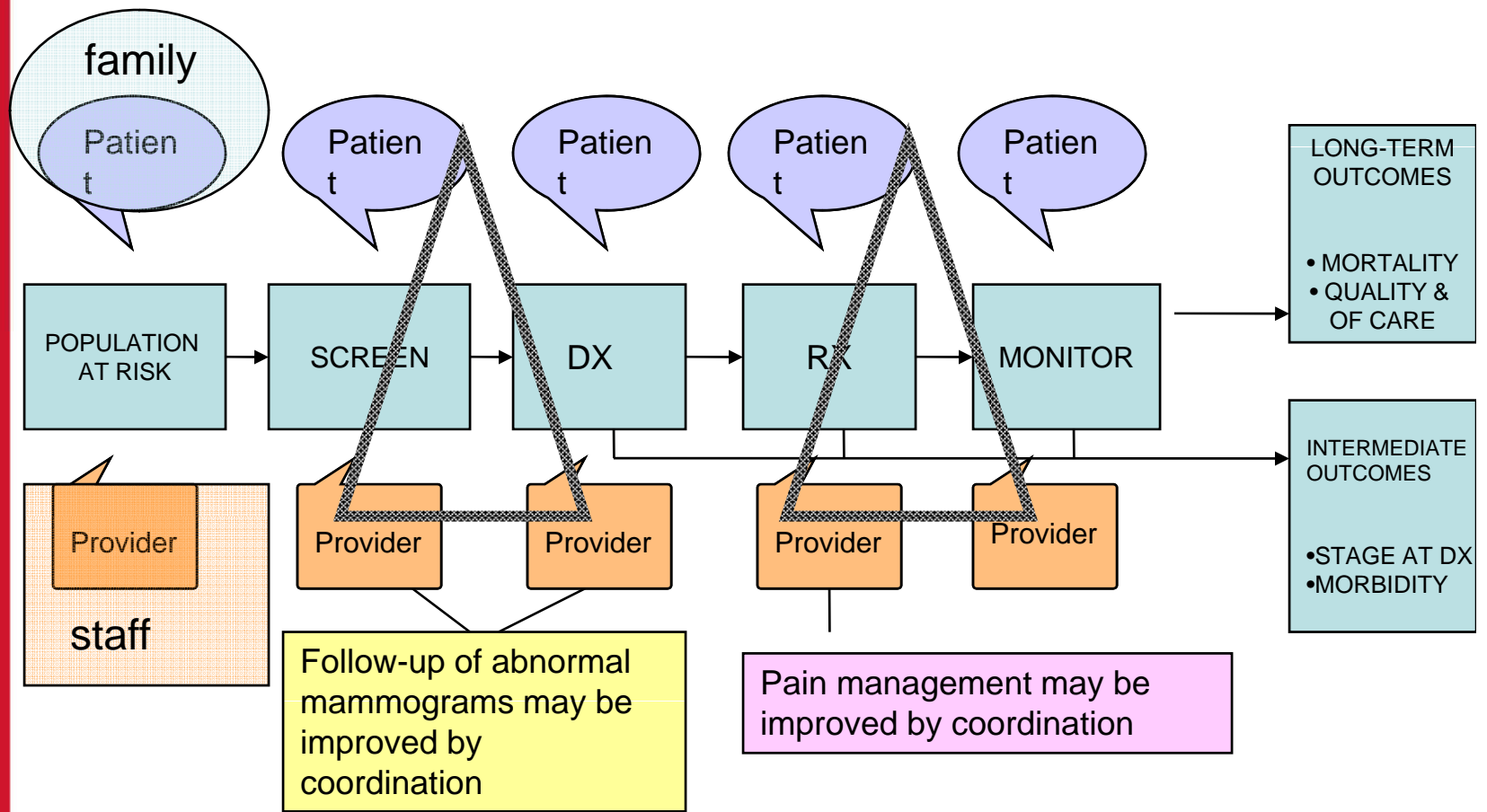


We need to improve types of careand the transitions between them



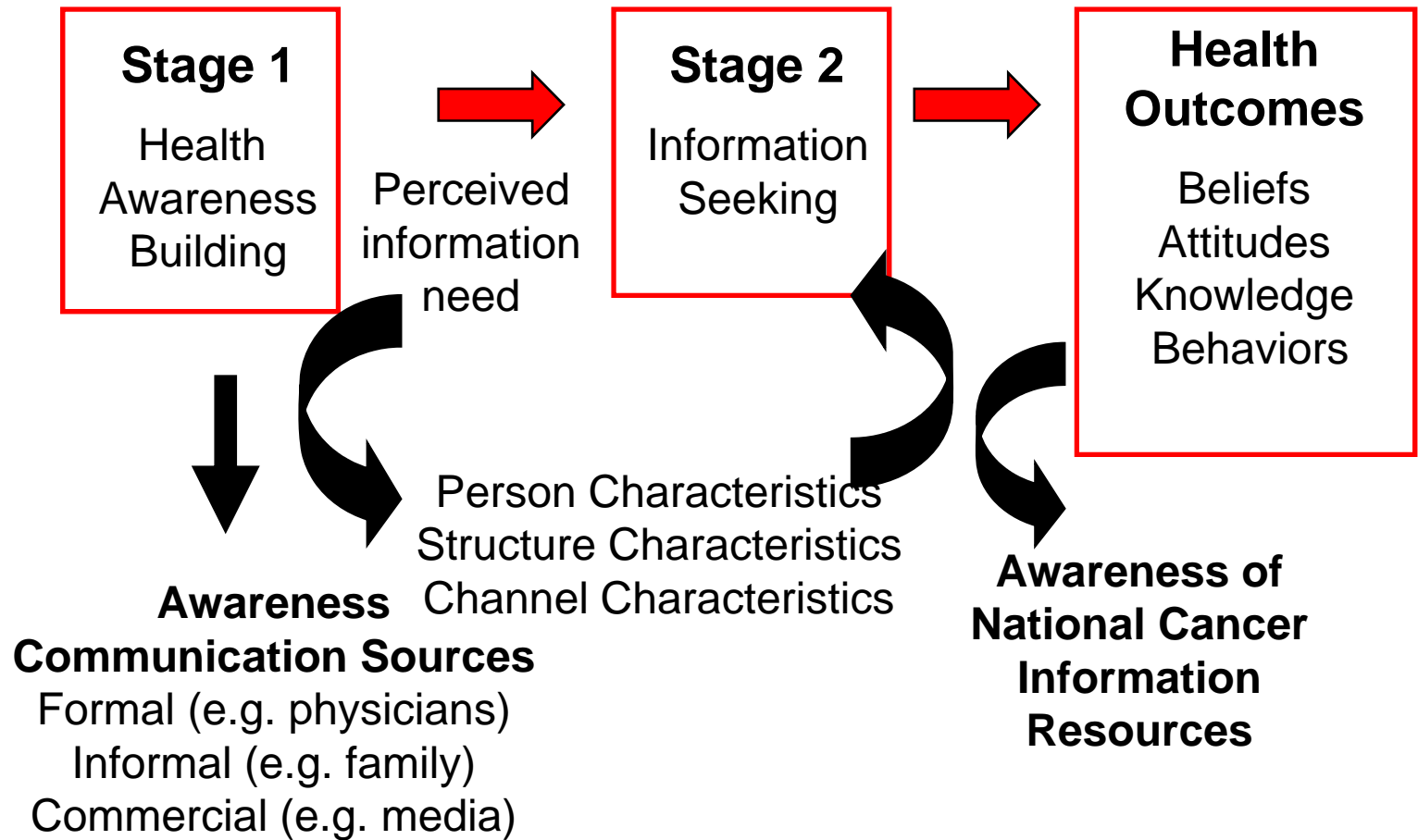
Communication is key to the process -

- Care is complicated by location, time and a one to many relationship for the health care user



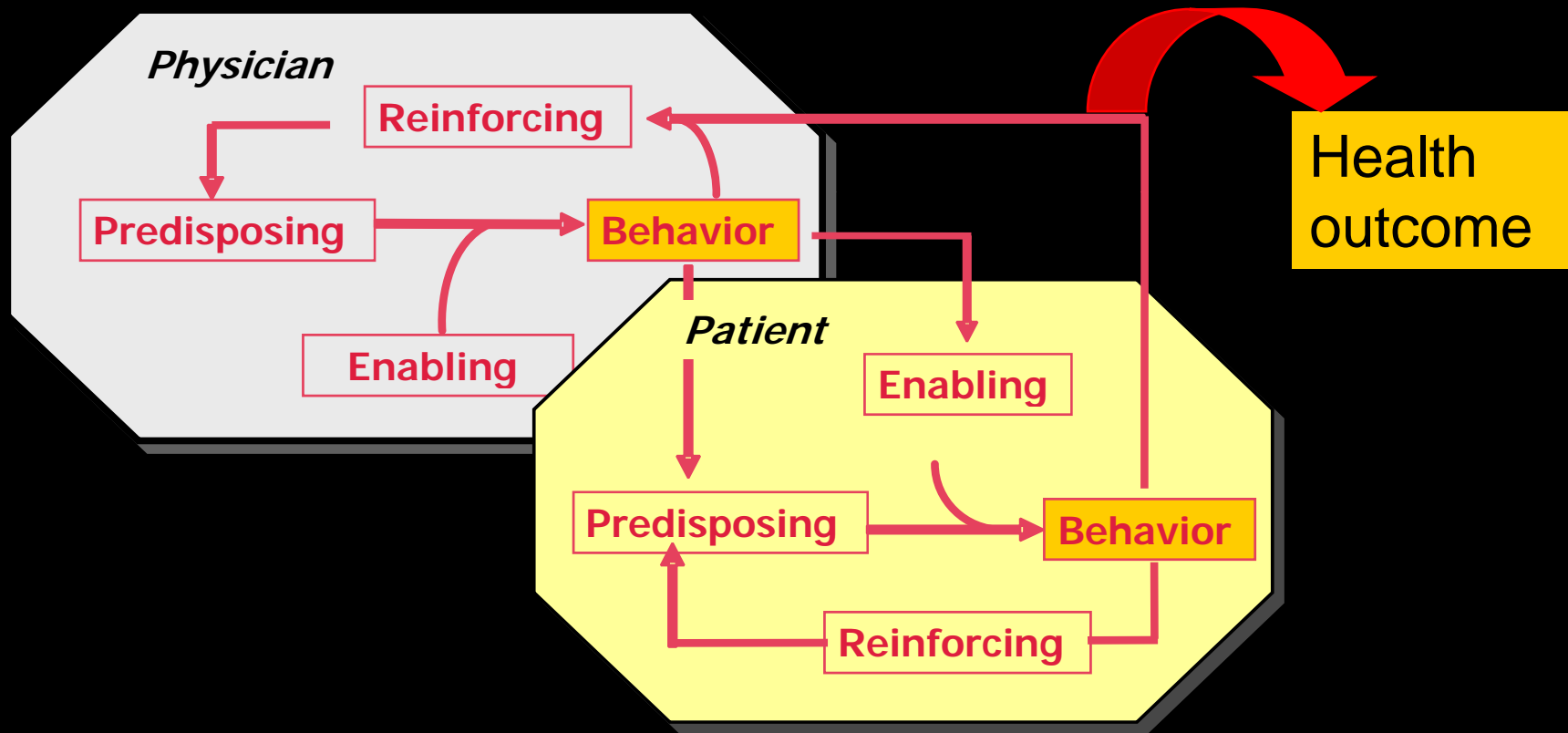
Developed with B Hesse, and L. Harris

Consumer-Oriented Framework



Adapted from Nelson et al. (2004) & Shared generously by B Hesse, NCI

Physicians are one channel in a complex process



We need a consistent way to conceptualize this interaction.



So how do we conceptualize opportunities for change?



Adapted from Green L et al, Fishbein and others

- **Predispose**
 - Knowledge (providers & patients)
 - Attitude (providers & patients)
- **Enable**
 - Reminders
 - Organization
 - Community
- **Reinforce**
 - Payment
 - Measures



What does HINTS have to offer about knowledge and attitudes?

- Reassurance : 2003-2005
 - “a lot of trust in internet” –
 - 23.9% - 18.9% - **decrease!**
 - “going to health care provider first” for ca info –
 - 11%- 23.5% - **increase!**
 - “a lot of trust in doctor” –
 - 62.4%-67.2% - **increase!**
 - “preferred source of ca info” was health care provider
 - 49.5%-55.0% - **increase!**



What does HINTS have to offer that will contribute to improving care?



- Clarification of Opportunities
 - 50% went to internet first for cancer info
 - 50%-54% want to go to their provider
 - Self-management support
- Exploration of methods of communication
 - Characteristics of patient-centered communication



But is knowledge enough?

- If it is known, is it shared?
 - % of HINTS related publications in medical journals
 - 3/30 = 10% (assuming physicians read preventive medicine)
 - It was not targeted at the medical community
 - Scientists conducting research
 - Policy makers
 - To promote translation into programs of communication
- Knowledge is necessary but not sufficient
 - Guidelines & CME do not change behavior (Lomas)
 - System changes are the strongest predictors of screening and immunization rate improvements (Stone).



Conclusion



- HINTS could give primary care some insights
 - How do we increase their chance of getting it?
 - Encourage them to use the data
 - Encourage them to publish
- Can HINTS provide insights into how the systems enable communication ?
 - As well as knowledge and attitudes

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