Name of Project: Defining and measuring Integrated Care to Eliminate Inequities in Care

Investigator(s). (Include phone numbers and email address, indicate PI and primary contact)
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Research question(s): Our primary research question is:

By different race/ethnic groups, do patients perceive variations in integrated care differently?

Our specific aims and hypotheses follow from our primary research question:
Using participatory research principles and qualitative research methods, to engage ethnically diverse patients to explore their understanding and experiences of integrated care and refine a conceptual model of integrated care.

Brief Background/Significance:

Patients in the US often experience health care as fragmented and disjointed. An important goal for an improved health system is achieving “integrated care”—a sense of “cohesiveness and connectedness of the health care system.” As articulated by the Aetna Foundation, “Integrated care seeks to repair a fractured health care system and eliminate gaps in shared information and communication that detract dramatically from patient safety and quality in health care.” Although some agreement exists on the general goals of integrated care, attempts to systematically measure and understand integrated care have been frustrated by lack of precise and well-accepted definitions of this concept. In addition, few studies have examined integrated care from the patient’s point of view and measured patients’ experience of integrated care.

Inclusion/exclusion criteria (list)
All participants will have at least one of the following chronic diseases (diabetes, hypertension, chronic lung disease, depression, chronic kidney disease, osteoarthritis, or congestive heart failure) and have had at least 2 physician visits over the past year. Patients will be excluded if they have significant behavioral, cognitive, or disabling health problems that preclude their ability to participate in a group discussion.

Method of contact/recruitment (be specific)
Patient eligibility will be determined by self-identification using flyers and postcards and by asking individual physicians at these practices to refer patients meeting the eligibility criteria from patients to our study. A research assistant will contact the patients via phone or mail and invite them to participate in a focus group in the subsequent 2-4 weeks. A stratified sampling strategy will be used to recruit approximately equal numbers of patients in each of the 4 targeted ethnic groups (Asian and Pacific American, Black, Latino, and non-Latino White).

Benefits/burden for participants (clearly identify potential for harm)
Participants may experience increased awareness of healthcare organization and
communication around sensitive issues in quality of care and health related topics. They may gain satisfaction from contributing to increasing understanding in the current healthcare system. We may be able to inform ongoing efforts to improve healthcare delivery systems. Data collected are generally about individuals' perceptions of health and healthcare organization. Risk presented by disclosure of the identity or data provided by focus group participants is minimal. At any time, participants may choose to discontinue discussing sensitive items. All focus group responses will be kept confidential and not identify individual participants.

Any benefits or burden to DGIM practitioners?

Practioners may experience increased awareness of healthcare organization and communication around sensitive issues in quality of care and health related topics. They may gain satisfaction from contributing to increasing understanding in the current healthcare system. They may be burdened by questions from patients about the study or some time lost if they choose to refer patients to our study.

Timeline for recruitment (projected start and stop dates)
Projected start: April 2011
Projected stop: August 2011

Funding source: Diversity supplement and Pilot award from Center for Aging in Diverse Communities (PI: Perez-Stable, E), CTSI SOS Award, Aetna Foundation

Potential for DGIM collaborators? (We encourage DGIM resident and fellow involvement in particular) Dr. Eliseo Perez-Stable is one of my mentors and has been and will continue to be involved in the research study.

Do you agree to notify us when recruitment is completed? Yes.

Date form completed: 3/29/2011