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INCLUSION OF SHORT-TERM CARE PATIENTS AFFECTS THE PERCEIVED PERFORMANCE OF SPECIALISTS: A RETROSPECTIVE COHORT STUDY

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Background: Current publicly reported quality performance measures directly compare primary care to specialty care. Specialists see short-term patients referred due to poor control of their disease who then return to their local provider. Our study looked to determine if outcomes measured in short-term care patients differed from those in long-term care patients and what impact those differences may have on quality performance profiles for specialists.

Methods: Retrospective cohort from a large academic medical Center. Performance was measured as “Optimal Care” - all or none attainment of goals. Patients with short-term care (90 days contact) were evaluated for both specialty and primary care practices during the year 2008.

Results: Patients with short-term care had significantly lower “Optimal Care”: 7.2% vs. 19.7% for optimal diabetes care in endocrinology and 41.3% vs. 53.1% for optimal ischemic vascular disease care in cardiology ($p < 0.001$). Combining short and long term care patients lowered overall perceived performance in the specialty practice.

Conclusions: Factors other than quality affect the perceived performance of the specialty practice. Extending current primary care quality measurement to short-term specialty care patients without adjustment produces misleading results.

Biography

Mark Nyman completed his MD training at Oral Roberts University, Tulsa OK in 1990 and Residency and Fellowship training in General Internal Medicine at Mayo Clinic College of Medicine, Rochester, MN in 1994. He has served as a staff physician in the Division of General Internal Medicine at Mayo Clinic since 1994. He has worked in the area of Quality Improvement for more than 20 years including guideline development, guideline implementation and quality measurement. He served on the board of Minnesota Community Measurement for 6 years as well as their Measurement Advisory Reporting Committee for 9 years.

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