

Improving Health Care in a Given Patient Population

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Background

Quality Indicators (QIs) provide a standardized way of measuring health care quality. Within the confines of the Trident/MUSC Family Medicine Residency Program continuity of care for a particular patient with a particular doctor is difficult. The purpose of this study is to demonstrate that through assigning responsibility of a patient's care to a single provider and their subsequent communication, this continuity improves health care for that patient population as reflected by QIs.

Methods

The study population of 50 patients was designated including 25 women above age 40 and 25 men above age 35, all of whom must have seen Dr. Sabom at least once in the past 6 months. An initial tally was performed recording patient compliance with the following 4 QIs - *mammogram, colonoscopy, fasting lipid panel, and pap smear* (according to USPSTF screening guidelines for respective demographics). QI completion status and request for follow up with Dr. Sabom was then communicated via letter and a subsequent phone call to each patient. Patients were allowed 3 months for follow up to update QIs, after which time a final tally of QI compliance was performed.

Results

The percentage of QIs found to be in compliance according USPSTF recommendations before interventions was compared to the compliance percentage after intervention and a Chi square was performed to ascertain statistical significance.

Conclusion

Taking responsibility for the health care of a given patient population improves the quality of care delivered to that population as reflected by QIs.