Integrating Disability: Evaluating the Usefulness of “My Health Report” and its Effect on Doctor-Patient Communication

Seth VanZant MPH
USF MCOM-LVHN Campus

Sweety Jain MD
Lehigh Valley Health Network, Sweety.Jain@lvhn.org

Elizabeth Perkins PhD, RNLD, FAAIDD, FGSA

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Integrating Disability: Evaluating the Usefulness of “My Health Report” and its Effect on Doctor-Patient Communication

Seth VanZant, MPH1, Sweety Jain, MD2 and Elizabeth Perkins, PhD, RNLD, FAAILD, FGSA3

1University of South Florida Morsani College of Medicine SELECT Program,
2Department of Family Medicine, Lehigh Valley Health Network, Allentown, PA
3College of Behavioral & Community Sciences, University of South Florida

**Introduction**

It is estimated that approximately 4.6 million Americans have an intellectual or developmental disability (IDD). Patients with IDD are gaining more recognition as a population experiencing significant disparities in healthcare. Individuals with IDD have a greater need for healthcare; however, disability has been found to be a risk factor for dissatisfaction and disappointment with provider encounters. Patients with IDD experience a variety of barriers when attempting to access healthcare. One potential strategy for alleviating these disparities, overcoming barriers to access and providing quality healthcare services to patients with IDD, is through improved doctor-patient communication.

**Problem Statement**

How do standardized health history templates improve doctor-patient communication and patient satisfaction between patients with IDD and their primary care physicians?

**Methods**

- **My Health Report** was piloted at LVHN Family Health Center
- Human subject research determination was completed and IRB review was not required for this quality improvement project
- Patients identified within the practice via F89 diagnosis code for “Developmental Disability”
- All patients with F89 diagnosis code and scheduled appointment during distribution period (June-December) met inclusion criteria for
- EMR report generated each month to identify patients with upcoming appointments
- Chart review performed at end of each month to determine “use” of the template during encounter
- Post-encounter surveys distributed to patients/caregivers and providers
- Surveys items to evaluate ease-of-use, utility during encounter, effect on time spent completing the template or collecting medical history, and overall satisfaction with encounter
- Data collected through survey responses and EMR, data was analyzed using mixed methods analysis

**Results**

- Quantitative data depicting patient and provider demographics (Tables 1) and survey responses were collected (Table 2)
- Qualitative data was elicited through open-ended survey questions. A total of 6 patients and 4 providers (one provider saw two unique patients) completed returned post-encounter surveys
- Patient surveys were completed by family members/caregivers (100%; N=6).
- Providers were mostly physicians (75%; N=3) and identified as a “covering provider” – not the patient’s designated PCP (75%; N=3)
- Common themes identified included: time, ease of use, utility, satisfaction and areas for improvement

**Discussion**

- Provides framework for the visit – draws focus to the needs & goals of patients/caregivers (patient/caregiver satisfaction)
- Patient/Caregiver Preparedness (utility of the template)
- Template acts as a conduit for conversation (utility of the template)
- Efficient (though not novel) presentation of data (utility of the template)
- Additional areas for improvement

**Conclusions**

This data, though limited, suggests that standardized history taking templates, like My Health Report, may have a positive impact on improving doctor-patient communication – including communication with caregivers and patient/caregiver satisfaction. In order to better describe this impact, future studies should utilize a more standardized approach for patient recruitment and reporting, as well as look at opportunities for integrating the template into the EMR system.

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Dr. Sweety Jain and Dr. Elizabeth Perkins for their mentorship. Dr. Marshall for her work as FHC contact and resident mentor. Dr. Laurie Woodard for help as content expert.

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**Table 1. Demographics**

<table>
<thead>
<tr>
<th>Patient/Caregiver</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>5</td>
</tr>
<tr>
<td>Female</td>
<td>3</td>
</tr>
<tr>
<td>Age &gt;18</td>
<td>5</td>
</tr>
<tr>
<td>Age &lt;18</td>
<td>3</td>
</tr>
<tr>
<td>Provider Status</td>
<td></td>
</tr>
<tr>
<td>Patient</td>
<td>0</td>
</tr>
<tr>
<td>Family Member/Caregiver</td>
<td>5</td>
</tr>
<tr>
<td>Provider</td>
<td>5</td>
</tr>
</tbody>
</table>

**Table 2. Survey Data**

<table>
<thead>
<tr>
<th>Survey Item</th>
<th>Provider</th>
<th>Selected Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>How long did you take to complete the task?</td>
<td>2.5</td>
<td>“Less than 15 minutes.”</td>
</tr>
<tr>
<td>How long did you spend with the patient?</td>
<td>2.5</td>
<td>“Less than 15 minutes.”</td>
</tr>
<tr>
<td>How did you find the tool easy to use?</td>
<td>2.5</td>
<td>“Some questions were too superficial.”</td>
</tr>
<tr>
<td>Did you feel the tool helped improve your communication with your doctor?</td>
<td>2.5</td>
<td>“I felt slightly more prepared for this visit.”</td>
</tr>
<tr>
<td>Overall, how satisfied were you with your visit?</td>
<td>2.5</td>
<td>“I felt slightly more prepared for this visit.”</td>
</tr>
</tbody>
</table>

**Figure 1. Sample Recruitment**

- 151 = Total number of patients with an IDD diagnosis code greater than 50% age 18 and above
- 72 = Number of patients meeting inclusion criteria
- 29 = Number of patients enrolled through integrated network (50%)
- 6 = Number of patients completed surveys (21%)