Improving primary care for patients with chronic illness by Review Dialogues

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Background and suggested solutions

Common characteristics of the treatment of patients with chronic conditions

- Missing clarification of tasks to outline the treatment
- Profiling of patient’s risk and resources remains unspecific
- High treatment effort does not meet patient’s actual needs
- (latent) dissatisfaction of patients and GPs

→ Systematisation of the negotiation of patients’ issues
→ Mutual agreement on (treatment) objectives
→ (More) consideration of patients’ salutogenic resources

→ Development of a specific consultation format: *periodical Review Dialogues (RD) in General Practice*
Objectives of the study

- Better achievement of mutually agreed treatment objectives
- Proving that these objectives will be fostered by GPs’ communication training and a different structure of the consultations (periodically realised Review Dialogues)
- Prevention of the progression of chronic illnesses
- Improvement of patients' quality of life
- Fostering patients’ autonomy by proceeding in a case oriented way considering patients’ own salutogenic resources

➔ Arriving to an ‘overall diagnosis’ in the sense of M. Balint
Methods

- Prospective intervention (cRCT, mixed methods design: quantitative and qualitative study parts). One year observation per practice
  - Intervention I: communication training of 1 ½ days for the participating GPs
  - Intervention II: 2-4 Review Dialogues with 20 patients with at least one chronic illness (20-30 minutes duration each); 5 of the sequences should be videotaped.

- Qualitative part of the study: Analysis of video tapes and additional interviews
  → Triangulation of data/compilation in case stories for future training of GPs
Presented data

- Qualitative part of the study
- Analysis of video tapes:
  - 28 RD I (20 intervention group, 8 control group)
  - Case study (process of development) (RD I to RD 4)
Rating Inventory for problem-oriented interventions

- N = 28 Videos (RD I) from 11 GPs (IG = 20; CG = 8; RD 1) have been analysed using the Rating Inventory for problem-oriented interventions (RLI), which is a semi-standardised instrument to observe resource- and problem-oriented behaviour of counselors.

- RLI encodes the professional behaviour by the minute using 23 items (0=not at all; 4=extraordinarily).

- The items can be grouped into 7 factors:
  I: problem analysis; II: updating the objectives; III: concretization of solutions; IV: relationship building; V: orientation on resources; VI: alternative thinking; VII: reframing.
Disease oriented vs resource oriented interviews
Exemplary case study

- GP, about 60 years, female patient, about 35 years
- Visiting this office since 4 years, 11 visits in the previous year
- GP knows the patient subjectively „not good“ (2 out of 5)
- Existing diagnoses: Rheumatoid arthritis, hypertension, Hashimoto‘s thyroiditis, asthma
- Patient‘s salutogenic ressources rather low in the doctor‘s perspective (2 out of 5)
Status one year later (June 2013)

- 8 office visits in the previous year
- Physician knows the patient subjectively „pretty good“ (4 out of 5)
- Weight loss: 9 kg
- Salutogenic resources in the doctor‘s perspective rather strong (4 out of 5)
- Significantly less medication

- All agreed objectives are fully achieved in the patient‘s perspective and almost achieved in the doctor‘s point of view
- The doctor states: the original objectives („no longer to be annoyed by family members“ and „reducing the pulse rate) have been achieved by reaching other goals
# Health objectives and their achievement in the course of treatment

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<td><strong>Topics</strong></td>
<td>Prioritization of problems</td>
<td>Relationship patient/husband/mother-in-law</td>
<td>(no videotape, Information from the documentation sheet)</td>
<td>Looking back: „no more problems” (Original sound of the patient)</td>
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<td><strong>Objectives</strong></td>
<td>no longer being annoyed by family disputes</td>
<td>Spending more time with her husband</td>
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<td><strong>Ways to achieve the objectives</strong></td>
<td>Keeping distance to her mother-in-law</td>
<td>Talking to her husband</td>
<td>Maintaining the situation</td>
<td>Work less</td>
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<td>doing something good for herself</td>
<td>Expressing her own wishes</td>
<td>Getting more active</td>
<td>Going to a gym; walking</td>
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| **Achievement**  | Succeeds in keeping distance to her mother-in-law | Regular body activity | Husband takes more time | both objectives Additional:  
- weight loss of 9 kg  
- reduction of medication: From 20 to 9 drugs/day |
Techniques (Review Dialogue I)

- Doctor works hard (proportion of speech: 70%) – patient is silent
- Doctor appreciates the patient’s burden, suffering and benefits
- Doctor addresses on emotions
- Doctor illustrates alternative actions and achievements with respect to other people / patients
- Doctors asks the patient according to her own ideas for solutions
- Doctor underlines the patient’s resources and praises her
- Doctor’s wordings is oriented to the patient’s life world
Agreeing on health objectives

D43: [...] You know, when I’m in such a conversation, I always like something that I can say: that’s what you can do, all right? Since you can go on it now, because you can take control of your health or your own future. And with you I've got today actually very little, right?

P43: Yes, I don‘t let me be defeated by my mother-in-law.

D44: Not to be defeated, yes, that would be an objective.

P44: And I don‘t let me mess up the mood.
D49: [...] Maybe you have ever noticed: you are annoyed about something terrible, and then you do yourself something good. As your great vacation - right? - where you have the pictures still shown to me? You have been relieved, I think, on the day, even as you have just told me that, because you could not get angry, right?

P49: Nope.

[...]

D52: Maybe we can hold /Mhm./ that you yourself do consistently good?
From traditional to patient-centered diagnosis

D: [...] I would like to thank for this conversation. This is certainly a very interesting conversation for students and professors. You have a rheumatic disease, you take a lot of medications, you have cardiovascular problems – and what do you consider your main problem? The last time „having no more trouble“ and now „spending more time with my husband“. [...] 

(End of the second Review Dialogue)
Overall diagnosis

- individualised and patient-related
  → synthesizing a couple of single diagnoses
  → related to illness
  → taking into account the psychosocial context
  → considering subjective theories of illness
  → based on the process of health and illness

- interaction based
  → generalising the patient’s way of dealing with himself and the world

- relation-based
  → reflecting transference and counter-transference
Conclusions

Review Dialogues enhance the achievement of objectives in the treatment of people with chronic diseases due to individualised supply and promotion of the patient’s own resources. Patient autonomy and GPs’ work satisfaction both are promoted.

Review Dialogues facilitate the process of diagnostics and therapy which can be experienced as a co-construction of GP and patient. In this way, an ‘overall diagnosis’ in the sense of Michael Balint can be made explicit.

GPs are motivated by the communication trainings to begin with Review Dialogues, but the implementation can result to be an ‘experience of crisis’. → Process support is needed.

First video-analyses show that the implementation of the RD and the creating of an overall diagnosis are both case specific. Without being representative, typical patterns can be identified in the individual approach of each GP.

Further research is needed to prove if there are specific indications for RD.
Thank you very much!