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New Hope Dawns

CANCER CENTER OPENS



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Wellness Portal

Door to Goal-Directed Care

What would happen if patients were given a smart tool that would let them examine their personal health risks, establish their own goals and work with their doctors to reach them?

It might just turn primary care in America on its head, suggests family medicine professor and Institute of Medicine member James W. Mold, M.D.

It might also save billions of dollars in unwanted and unnecessary tests and treatments, increase patient confidence in their physicians and, along the way, improve patients' opportunity to live longer and healthier lives.

After 15 years of tinkering with computer programs to produce such a revolutionary paradigm-shifting approach, Mold and co-investigator Zsolt Nagykaladi, Ph.D., believe they are nearly there with a wellness decision-support tool "that's the most sophisticated we know of," Mold said.

Their proof is in the responses of patients who used the computer portal during a 12-month randomized trial compared with patients who did not, but who continued to see their physicians as usual. The trial involved eight clinicians in six different Oklahoma practices.

During the trial period, a greater proportion of portal users adhered to recommendations about

aspirin use (78.6 percent versus 52.3 percent) and received pneumovax because of chronic health conditions (82.5 percent versus 53.9 percent) and age (86.3 percent versus 44.6 percent) – although patients in the portal group had fewer office visits (2.9 versus 4.3 visits on average).

Adult intervention group participants received 84 percent of all recommended preventive services, while in the control group, participants received only 67 percent of recommended

services. Children of parents in the intervention group received 95 percent of all recommended immunizations compared to 87 percent in the control group.

Tellingly, portal use also had a "significant impact" on patients' perception that they received more patient-centered care and that their physicians had greater knowledge of their health histories.

Mold said he wasn't surprised by results of a trial that focuses on goal-driven care and not health care as usual.

"People are frustrated with doctors because our model is wrong. We think about health as the absence of disease. We try to identify abnormalities and fix them without needing to know much about you as a person," Mold said.

"We figure that if we fix all of the abnormalities, you'll live a long time and have a good life. That's our assumption.

"That approach worked OK until we got really good at it. Now we're too good at finding abnormalities. And many of the abnormalities people have, particularly as we get older, are either not fixable or not worth knowing about because

they don't relate to the person's goals.

"But once we see an abnormality, we can't help but try to do something about it, so people end up on multiple medications with multiple consultants. It's time to think differently," Mold said.

"What we forgot to ask was, 'What's the purpose? What are we trying to accomplish?'

"We have always assumed that the 'purpose' would take care of itself if we took care of the abnormalities. I'm proposing we put that first important step back in and say, 'What are this particular patient's goals? Does this person want to live as long as possible? At what point would life not be worth living? What does this person enjoy doing? What would this person miss the most if he couldn't do it? What functions are the most important for this person to preserve?'

"Once we understand those things about a person, then we can recommend the strategies most likely to get them there."

Mold said goal-directed care isn't as revolutionary as it might seem on the surface: "Older GPs and family physicians who have spent years in the same town and know their patients well automatically come to this way of thinking."

He also said the physicians participating in the study liked the portal as a means of addressing the services that participating patients not only needed but asked for. Nagykaladi added that one of the most important comments he heard from the trial was that patients hadn't understood before why a colonoscopy was important.

Mold explained: "It was a revelation to them that if they reduced their risk of a heart attack by taking a statin and aspirin and getting their blood pressure under control, they would see, 'Now that I'm going to live longer, I'm going to need that colonoscopy.'"

A lengthy questionnaire factors in each patient's medical history and wellness goals to recommend steps the patient and physician can choose to follow. Built-in logic automatically rules out unnecessary services such as pap smears for a woman who has had a hysterectomy for a benign condition.

Nagykaladi said the portal is a practical, tangible way to ensure patient-centeredness as it "involves the patient in the shared decision-making process that brings patient and clinician together into dialogue."

Development of the wellness portal has been funded primarily by the Agency for Health Care Research and Quality, a division of the U.S. Department of Health and Human Services.

Development of the clinician portal, which provides physicians a clinical view of their patients' databases, has been supported by the Oklahoma Health Care Authority.

Physicians participating in the trial of the portal are members of the Oklahoma Physicians Research and Resource Network, a practice-based research program established in 1994 by the Oklahoma Academy of Family Physicians and the OU Medicine Department of Family and Preventative Medicine.

Mold summed up the difference between goal-directed and traditional medical care by citing the case of a patient who had seen several health care professionals about his damaged rotator cuff. The young man had tried exercises and medication without success, and he resisted surgery because it came with no guarantee he'd be better off.

"His primary care physician asked, 'How does this affect your life? What does this keep you from doing?' The patient said, 'Bow hunting. I go deer hunting, but I can't

pull the bow back without it hurting.' As he answered, it was as if a light bulb was turned on. He said, 'You know, I think that if I get a doctor's note, I could use a cross bow.'

"So his physician wrote the note for him, and he was in hog heaven. It took two seconds. He's not going to have a normal shoulder; it's too damaged, but it's not going to kill him, and all it interferes with is his bow-hunting. But we're so intent on making people normal that we'd spend a ton of money on him, and all he needs is a note to let him get a crossbow."

The Wellness Portal is now available to OU Physicians clinicians and staff and clinicians and staff of OKPRN practices. Additional studies are under way and the tool continues to evolve as more is learned from them.

A feature that will relate preventive recommendations more closely to meaningful life activities – and the risk of losing the ability to do them – is being added now by Mold, Nagykaladi and Carrie Ciro, clinical assistant professor of occupational therapy in the College of Allied Health.

"To our knowledge, this has never been done before," Mold said.

To see a short video about the portal, go to <https://mpsrs.us/WPortal/index.jsp>.



James W. Mold, M.D., professor of family medicine.



Zsolt Nagykaladi, Ph.D.