

POSTER ABSTRACTS
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Chronic Disease
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**Identifying Patients Interested in a Group Medical Visit Program
For the Treatment of Arthritis**

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Background. We sought to identify patients interested in participating in a group medical visit program for the treatment of chronic arthritis (osteoarthritis and rheumatoid arthritis).

Methods. All enrollees of a Massachusetts group-model health maintenance organization 45 years of age or older with an administrative diagnosis of osteoarthritis or rheumatoid arthritis who had seen a rheumatologist in evaluation were identified. A random sample of 600 enrollees was selected (300 aged 45 to 64 and 300 aged 65 or older). These individuals were sent a brief questionnaire inquiring about their condition and assessing their interest in a group medical visit program. Nonresponders were contacted by telephone. We compared persons who expressed an interest in participating in the group medical visit program to those who did not with regard to age, gender, diagnosis, self-reported arthritis characteristics, attitudes regarding traditional ambulatory care, and relevant ambulatory encounters, surgical procedures, radiologic studies, and prescription drug dispensings.

Results. Of the 600 surveys that were mailed out, 296 (49.3%) were completed and returned. Five patients contacted the health plan declining participation in the study. A telephone interviewer then made three attempts to contact the remaining 299 patients of whom 185 completed the questionnaire (overall response rate of 80% with n=481). Twenty-six patients who completed the survey stated they did not have arthritis, therefore were excluded from the analyses. Almost half of eligible patients (n=214) expressed an interest in participating in the group medical visit program. Patients interested in the program, as compared to those who were not, were more likely to report severe arthritis pain (OR 1.78, 95% CI 1.39-2.29), and less likely to respond that their medical needs in terms of arthritis are always met (OR 0.68, 95% CI 0.55-0.83). In terms of health care utilization, patients interested in the program were more likely to be receiving prescription nonsteroidal anti-inflammatories (708 vs. 527 dispensings per 100 person-years).

Conclusion. Patients who report severe arthritis pain, require more attention during traditional ambulatory encounters to address their condition and greater utilization of nonsteroidal anti-inflammatories are more likely to be amenable to participating in a group medical visit program.