Doctor-patient treatment goals in the management of osteoarthritis in general practice

Suzanne McKenzie, MMedSci, FRACGP, is research officer, The Royal Australian College of General Practitioners New South Wales Faculty Projects, Research and Development Unit.

Charles Bridges-Webb, MD, FRACGP, is Director, The Royal Australian College of General Practitioners New South Wales Faculty Projects, Research and Development Unit.

Patients can be asked to record symptoms important to them. Doing this is especially appropriate for interventions to improve function or relieve symptoms,[1] and when the choice of measures concentrates on what the patient wishes to change.[2] Doctor and patient identify specific treatment outcomes, then the patient subsequently writes these down to determine whether the goal or outcome has been achieved in the expected timeframe. Yet this is rare in general practice. We aimed to test a brief instrument which would encourage this for recent exacerbations of osteoarthritis.

Method

A convenience sample of general practitioners were asked to recruit patients presenting for any reason who were: aged 50 years or more, experiencing a recent exacerbation of symptoms consistent with osteoarthritis, and able to speak and read English well enough to participate in the study. They were asked to exclude anyone who had an inter-current acute illness.

The study instrument collected the following data: age, sex, duration of recent exacerbation of symptoms, list of recent symptoms and rating of severity as assessed by the GP, up to three specific treatment goals for the next 4 weeks (determined in conjunction with the patient), specific treatment recommended (checklist of common treatments provided), and a list of up to four inter-current problems. The level of achievement for each treatment goal (fully, partially, not at all) was assessed by a research assistant (using a telephone semi-structured interview) and the GP (using the study instrument during a consultation) 4 weeks later. Feedback about the goal setting process was obtained from the patients by the research assistant using a semi-structured telephone interview.

A focus group was held at the conclusion of the study for the GPs to contribute their views on the goal setting process. The RACGP National Research and Evaluation Ethics Committee approved the study protocol.

Results

Ten GPs accepted an invitation to participate in the study, but only five did, (recruiting 2–10 patients each). The reasons for withdrawal from the study were: patients not speaking English well enough (2), too busy (2), and finding the consent process too difficult.[1] Three GPs attended the final focus group.

Of the 30 patients who agreed to participate, 23 completed all aspects of the process. Reasons for loss of follow up were: moving, incorrect contact details, and failing to return to the GP. No patients verbally withdrew their consent. The patients were aged 48–87 years (mean 72 years) and almost three-quarters were women. They had a mean of one inter-current problem. Moderate pain and stiffness for more than 4 weeks were the most common patient symptoms. Paracetamol and physiotherapy were the most commonly suggested treatments.

Sixty-nine goals were set. The majority (70%) were achieved or partially achieved, as assessed by both the GP and the research assistant with good agreement (Spearman correlation 0.6, $p<0.0001$; Kappa 0.37). The most frequent goals related to sporting or social activities, followed by housework or gardening.

Most patients found the goal setting process useful or somewhat useful. About one-third of patients reported that the goal setting process was no different to a usual consultation. Several patients reported that the doctor took more time than usual and that the consultation was more patient focussed (with comments such as: 'trying to help me', 'never asked what I want before', 'doctor showed more interest'). There were a few negative comments such as: 'it is no help talking about aims' and 'goals are not important'.

General practitioners also found the process useful, especially for younger patients with chronic conditions and for managing aspects of lifestyle changes. They did not experience difficulty setting goals with patients, but often had

to help the patient focus on what might be realistic in the given time frame.

Discussion

The level of achievement of the treatment goals, set by GPs and patients as the criteria for improvement, used subjective assessments. This is appropriate because goals are generated by patients themselves and are based on functional criteria with meaning to that individual. The agreement about which goals were achieved or partially achieved between assessors suggests this is an effective measure. This is consistent with past research showing that patients' perception of finding common ground is strongly associated with positive outcomes,[3] and patient agreement with the doctor is strongly associated with recovery.[4]

This was a small explorative study and our findings cannot be generalised. Although the results are consistent with other work,[3,4] a larger sample will be required to examine the relative effect of different aspects of the doctor-patient relationship on the achievement of goals. However, the study suggests that it is possible in a busy clinical practice to set outcome measures with patients and assess their degree of achievement with good accuracy.

Implications of this study for general practice

- Setting specific goals with patients is a useful tool for both patients and GPs.
- Patients find measuring outcomes of treatment acceptable and useful.
- The goals for treatment of osteoarthritis should include improved function and quality of life.

Conflict of interest: none declared.

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Correspondence
Email: nsw.research@racgp.org.au