FINDINGS - COUNSELING CLINIC STUDY

PRE AND POST COUNSELING REGULAR MEDICAL VISITS

a) Number of medical visits precounseling x = 3.30 (s.d.=2.14)

b) Number of medical visits postcounseling x = 1.91 (s.d. = 1.98)

Is this a significant reduction?

Patients who attended a counseling visit had a reduction in visits. Control group issue: If this was due to random chance, why would it correlate with the counseling clinic visit? Maybe we should look at the different ethnic and diagnostic groups. Is it likely that significant reductions in utilization would occur in all ethnic groups, across all diagnoses, after the intervention has occurred? Also is it never possible to argue that the patients are their own controls?

However, the more counseling clinics the patient attended, the more postcounseling regular medical visits they made. Thus, during the process of counseling, they were simultaneously making more medical visits. This might have been due to the severity or complexity of the patient condition. Partial confirmation for this hypothesis is the correlation of medication with utilization, although this seems more pronounced BEFORE rather than after counseling. Further, there was no difference in utilization patterns by diagnosis, despite the fact that adjustment disorder is generally considered a less serious diagnosis than depression or anxiety disorder. However, the explanation here could be the lack ofresident skill in making an accurate diagnosis.

AGE

1) Older patients tended to make more regular medical visits after receiving counseling. They were somewhat, but not significantly, more likely to make more regular visits precounseling as well.

MEDICATION

2) Patients who were on psychotropic drugs (primarily antidepressants) were significantly more likely to make more regular medical visits precounseling; and somewhat, but not significantly, more likely to make moreregular visits postcounseling as well. Patients on antidepressants were significantly more likely to make more regular medical visits both pre and post counseling.

COUNSELING

3) The more counseling a patient received, the more frequently they made regular medical visits after the initial counseling encounter. Number of counseling clinics was also correlated with total number of visits, probably because number of cc visits contributed to this calculation.

ETHNIC DIFFERENCES

4) Anglo and Vietnamese patients were significantly older than Latino patients.

5) Anglo patients made significantly more regular medical visits after the first counseling session.

Would it make any sense to drop the Anglos and just consider

correlations, then basically all we can say is this: Older patients tend to make more visits, patients on psychotropic medications make more visits, and patients in counseling make more visits (only after counseling has begun). This seems pretty thin. It seemed from the ANOVAs included that neither ethnicity nor diagnosis was related to any utilization measures. Maybe we could make the point that although frequency of regular visits decreased, the higher the number of counseling visits, the higher the medical visits. In this interpretation, counseling visits might improve patient continuity. What I worry about is that we're just saying that sicker patients (older, on meds, needing more counseling) go to the doctor more often. One mitigating factor against this self-evident conclusion is that there was no difference in utilization based on diagnosis; in other words, it was NOT the case that more psychologically distressed patients were seeking medical attention more often.

this as an immigrant sample, since there are few important differences between the Latinos and Vietnamese? Maybe the difference in age would be a problem, since age is correlated with increased utilization.

DIAGNOSTIC DIFFERENCES
6) There are no differences among diagnostic groups in terms of number of counseling visits or utilization patterns.
Do we know for any of the diagnostic groups whether the reduction pre and post was significant? (ie., for depression, the x precounseling = 3.12, the x postcounseling = 1.68: is this a significant reduction?)

INTERACTION EFFECTS
7) Latino patients with depression made more medical visits after first counseling; Latino patients with adjustment disorder made fewer medical visits after first counseling (Is this the proper interpretation of the figure?)
8) Non-Latino patients with adjustment disorders made more medical visits after first counseling; Non-Latino patients with depression made fewer visits after first counseling

REGRESSION ANALYSIS
Regression analysis equation that entered age, medication, counseling visits, ethnicity, and diagnosis (?correct?) was not significant.

Lee, I've had a chance to review the material you sent me, and I'm afraid it's a discouraging picture. Let me clarify a few points, to make sure I understand the situation correctly.

1) There was a definite reduction in regular medical (and UC) visits after the introduction of counseling. However, we must regard this as a meaningless artifact because a) we had no control group b) it might be attributable to maturational processes. I suppose one solution would be to find a like number of patients and match them on age, ethnicity (by the way, do we have any information on the medical diagnoses of these patients? I can't find this) etc., use 3 visits as a cut-off (this being more or less the mean number of precounseling visits), then calculate how many visits were made for the remainder of the year. It would be a nightmare, however, to try to locate charts since the clinic has moved.

2) The only way to accurately measure predictors of the reduction in visits is using a regression analysis. However, after cleaning up the existing data set, we are left with a nonsignificant regression equation. Do you think it would make any difference if we eliminated either the Anglos or both the Anglos and the Vietnamese and restricted the sample to Latinos (or Latinos and Vietnamese, since there doesn't seem to be too much difference between them - except for age, which might be a problem).

3) If we stick with the data as presented in the Spearman

PATIENT SATISFACTION QUESTIONNAIRE
(N = 88)

42 subjects Spanish-speaking (47.7%)
46 subjects [redacted]-speaking (52.3%)
non-Spanish

1. Satisfaction with visit:
Little Bit: 2.27%
Somehwat: 13.6%
Satisfied: 42%
Very Satisfied: 40.9%

2. Did doctor care about you?
Somewhat: 3.4%
Cared: 42%
Cared a Great Deal: 54.5%

3. Do you think talking with doctor will help your problem?
Not at all: 2.3%
A little bit: 2.3%
Somewhat: 12.6%
Help: 34.5%
Help a Great Deal: 46%

4. Did doctor ask any questions that were too personal?
Yes 9.2%
No 90,8%

5. Do you feel doctor treated you with respect?
Somewhat: 1.2%
With respect: 35.6%
With a Great Deal of Respect: 63.2%

6. Did the doctor appear to be concerned about your family?
Not at all 4.9%
A little Bit: 2.4%
Somewhat: 8.5%
Concerned: 42.7%
Very Concerned: 41.5%

7. Do you think it would be helpful to come back for another visit with this doctor?
Not at all 1.2%
A Little Bit 2.4%
Somewhat: 3.6%
Helpful: 43.4%
Very Helpful: 49.4%

8. Do you plan to return for a follow-up visit if recommended?
Yes 97.6%
No: 2.4%

PATIENT QUESTIONNAIRE

Date: Patient Chart Number: Faculty:
Interpreter: Resident:

1. What was the reason you came to see the doctor today?

_____

2. What did you expect to happen when you came to see the doctor today? _____

_____

3. How satisfied were you with this visit?

1	2	3	4	5
NOT AT ALL SATISFIED	JUST A LITTLE SATISFIED	SOMEWHAT SATISFIED	QUITE A BIT SATISFIED	VERY SATISFIED

4. How caring did the doctor seem to you?

1	2	3	4	5
NOT AT ALL	JUST A LITTLE	SOMEWHAT	QUITE A BIT	A GREAT DEAL

5. How much do you think talking with the doctor will help your problem?

1	2	3	4	5
NOT AT ALL	JUST A LITTLE	SOMEWHAT	QUITE A BIT	A GREAT DEAL

6. What did the doctor tell you to do about your problem?

_____

_____

7. Did the doctor ask you any questions that were too personal?
YES NO
If YES, what were they? _____

_____

8. With how much respect did you feel the doctor treated you?

1	2	3	4	5
NOT AT ALL	JUST A LITTLE	SOMEWHAT	QUITE A BIT	A GREAT DEAL

9. How concerned about your family did the doctor appear to be?

1	2	3	4	5
NOT AT ALL	JUST A LITTLE	SOMEWHAT	QUITE A BIT	A GREAT DEAL

10. How helpful do you think it would be to come back for another visit with this doctor?

1	2	3	4	5
NOT AT ALL HELPFUL	JUST A LITTLE HELPFUL	SOMEWHAT HELPFUL	QUITE A BIT HELPFUL	VERY HELPFUL

11. Do you plan to return for a follow-up visit? (If recommended)
YES NO

Observer comments: _____

_____

_____

EVALUATION QUESTIONNAIRE
Counseling Clinic Sessions

1. What are your goals for counseling clinic sessions?

2. What aspect of the sessions do you find most valuable?

3. What aspect of the sessions did you find least valuable?

4. Please rate the quality of exposure to skills not acquired in other aspects of your medical training. (Circle one)

1	2	3	4	5
Very poor	Poor	Average	Good	Excellent

5. Please rate the quality of feedback received about the psychosocial aspects of your performance as a physician/counselor.

1	2	3	4	5
Very poor	Poor	Average	Good	Excellent

6. How useful are counseling clinic sessions in terms of your overall educational experience? (Circle one)

1	2	3	4	5
Not at all	Slightly	Moderately	Very	Extremely

7. To what extent do you feel the sessions facilitate your own personal growth? (Circle one)

1	2	3	4	5
Not at all	Slightly	Moderately	Very	Extremely

8. To what extent are the sessions successful in integrating psychosocial aspects and medical treatment? (Circle one)

1	2	3	4	5
Not at all	Slightly	Moderately	Very	Extremely

Please rate your level of competency in the following psychosocial skills:

1	2	3	4	5
very little mastery	some mastery	adequate mastery	good mastery	excellent mastery

_____Interviewing skills, (attending, listening, facilitation)

_____Ability to think interactionally about psychosocial and medical aspects of patient care

_____Ability to develop a caring doctor-patient relationship

_____Awareness of own internal dynamics as significant in doctor-patient interactions

_____Ability to intervene therapeutically with patient and/or family

_____Sensitivity and knowledge of cultural factors affecting patient health care

_____Brief counseling skills

_____a. problem identification

_____b. good setting

_____c. developement of an intervention

_____d. crisis intervention

Please indicate on the following chart, by filling in the appropriate #, the extent to which you are comfortable diagnosing and treating the following:

1	2	3	4	5
Not at all	Slightly	Moderately	Very	Extremely

	Comfortable making identification/ diagnosis	Comfortable Treating/ Managing Problem
Depression	_____	_____
Suicidal ideation	_____	_____
Generalized Anxiety	_____	_____
Panic Disorders	_____	_____
Personality Disorders	_____	_____
Alcohol Abuse	_____	_____
Substance Abuse	_____	_____
Common Psychosexual Dysfunctions	_____	_____
Childhood and Adolescence Disorders	_____	_____
Marital Problems	_____	_____
Parent/child Problems	_____	_____
Bereavement Issues	_____	_____
Psychosocial problems of patients with chronic disease (diabetes, hypertension, asthma	_____	_____
Weight Management	_____	_____
Smoking Cessation	_____	_____
Noncompliance with Medical Treatment	_____	_____