



# *In the Literature*

## MATCHING PATIENTS AND PRACTITIONERS BASED ON BELIEFS ABOUT CARE: RESULTS OF A RANDOMIZED CONTROLLED TRIAL

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*American Journal of  
Managed Care*  
November 2004  
10 (11, Pt. 1): 814–22

Full text is available at  
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Commonwealth Fund Pub. #805  
February 2005

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What kind of information do consumers consider when choosing physicians? Every year, millions of individuals either select or change doctors, often relying on recommendations of friends, family, or coworkers. Many others use the kind of data provided by health plans or commercial Web sites, including readily available information like office location, specialty, medical school, and board certification.

There are fewer resources, however, for patients seeking to determine physicians' philosophy of care and communication style, despite research that has shown shared beliefs may create better matches between patients and practitioners. For their study, "[Matching Patients and Practitioners Based on Beliefs About Care: Results of a Randomized Controlled Trial](#)," Edward Krupat, Ph.D., of Harvard Medical School and colleagues designed a program to assist patients in finding primary care providers (PCPs) with similar beliefs about patient-centered care. As part of the project, the team found that patients and providers with closely matched beliefs about care had higher levels of satisfaction and trust, and improved attitudes toward the plan provider.

The Commonwealth Fund-supported study, conducted at the Santa Clara Medical Center of the Kaiser Permanente Medical Care Program in Northern California, enrolled patients not currently linked with a PCP into one of three groups: 1) a group that was offered provider-specific information, including sex, age, office location, medical school, and areas of clinical interest; 2) a "guided choice" group was given a brief list of providers with communication styles that, based on a questionnaire, most closely matched their own, as well as all the information offered to the first group; or 3) a control group, in which patients were not offered any information about practitioners

but instead were simply encouraged to call the patient services department to obtain a provider. One year later, participating patients completed a questionnaire to find out about their level of trust in the doctor selected, their satisfaction, their perceptions of the choice process, and their satisfaction with Kaiser Permanente.

Across the entire study, patients who were linked with PCPs sharing beliefs similar to their own had higher levels of satisfaction (e.g., with the quality of explanations given, with the practitioner's technical skills, or with the provider's ability to listen) and trust (e.g., felt their needs were placed above other considerations or felt physicians were able to admit mistakes). They also reported better attitudes toward Kaiser Permanente.

To the researchers' surprise, patients in the two intervention groups were not better matched with practitioners than patients in the control group, who received usual care. A number of factors may explain this result, including the small number of practitioners involved and the fact that the "guided choice" patients may have chosen not to select one of the physicians with a communication style that closely matched their own. Then how to explain the intervention's positive effect on patients? Involving patients in the process of choice may go a long way in producing satisfaction, the researchers theorize.

According to the authors, combining the act of choice with a comprehensive system for assisting or guiding choice should be effective. Given the frequency with which patients' select or switch practitioners, their desire to make informed choices, and growing technological capabilities, health care organizations would do well, the authors say, to find the best ways of matching patients with practitioners.