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# Medical Outcomes Research Project: A 10-year experiment at the crossroads

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The roots of the SMS Medical Outcomes Research Project (MORP) can be traced back to September 1991. That's when the SMS Board of Directors formed the Task Force on Quality Assessment and Implementation of Practice Parameters (QAIPP) to develop a plan for the future role of the Society in the assessment of quality and the implementation of practice parameters. At that time, quality improvement initiatives were focused on using guidelines or practice parameters to reduce clinical practice variation in order to provide optimal care. The QAIPP Task Force evolved into the MORP with the SMS:

- serving as a neutral forum for bringing together disparate practicing community groups,
- conducting outpatient-oriented studies ensuring patient privacy protections,
- producing comparable health care quality data that would answer demands for accountability due to skyrocketing

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health care costs,  
• improving the outcomes of care through measurement and feedback and providing physician educational programs.

Four study groups were created as part of the MORP initiative: Adult Asthma and Low Back Pain Study Groups (1996), Pediatric Asthma Study Group (1997), and the Diabetes Study Group (1999).

The starting point for all MORP studies is choosing a health condition with significant morbidity, high frequency and high cost to the general population, for which practice guidelines have already been developed. Once a topic is selected, physicians are recruited to join the study group via announcements in *Medigram* and *WMJ*, at county medical society meetings and SMS council meetings and through physician nominations. The MORP staff recruits physicians representing primary care, specialty practice, single physician offices, and large group practices. One physician is selected to chair each study group. All SMS members are welcome to participate.

Study groups usually select research hypotheses or study questions based upon their interest in measuring several key process and outcome indicators

for evaluating health care quality. Clinical practice guidelines are reviewed looking for evidence linking process of care measures to superior clinical outcomes.

Consensus is built through group discussion at monthly telephone conference call meetings. During those meetings, the study group chooses appropriate survey questions, determines patient eligibility criteria, and decides how patients will be recruited. Between meetings, the MORP staff obtains additional information required for group decision-making at the next meeting. The staff also works with the study group to design and implement the study, perform data analysis, and prepare physician reports and manuscripts for publication. The study results have been presented at the SMS Annual Meeting for Category I CME credit.

The SMS Foundation staff has raised close to \$1 million over the past decade in support of the work stemming from the original QAIPP Task Force. On average, each study group costs approximately \$50,000 per year to staff. In addition, physicians contribute approximately 60 volunteer hours per study group per year.

A decade ago, the SMS initiated the QAIPP Task Force to develop its role for the future in

**Table 1.** Medical Outcomes Research Project Summary of Findings and Actions

<b>Adult Asthma Study<sup>1</sup></b>	<p><i>Findings</i></p> <p>Health care falls short of the national practice guidelines for the diagnosis and management of adults with asthma.</p> <p>More than half of the patients with moderate or severe asthma report having nocturnal attacks within the past month.</p> <p>In comparison to US norms, patients with moderate or severe asthma score worse on all SF-36 health status subscales. General Health and Role Physical scores are significantly different for people with moderate or severe asthma compared to US norms.</p> <p>Patient satisfaction was highest for 'physician skill' despite opportunities to improve care based on optimal standards.</p> <p><i>Actions Taken</i></p> <p>Developed Asthma Toolkit and conducted 13 problem-based learning CME sessions at hospitals and clinics throughout Wisconsin (See related story on p. 15).</p>
<b>Pediatric Asthma Study<sup>2</sup></b>	<p><i>Findings</i></p> <p>Patients' self-management under specialists' care was more consistent with national guidelines than that of primary care providers (PCPs). However, General Health and Parent Impact Emotional scores <b>were not significantly different</b>.</p> <p>Compared to patients of asthma specialists, PCPs' patients:</p> <ul style="list-style-type: none"><li>• used written care plans less frequently,</li><li>• used fewer daily inhaled steroids,</li><li>• rated their doctors' skill as 'excellent' less often,</li><li>• <b>had no significant differences</b> in General Health or Parental Emotional scores.</li></ul> <p>PCPs saw younger children</p> <ul style="list-style-type: none"><li>• whose parents had less education</li><li>• and were more non white</li></ul> <p>however there were <b>no significant differences</b> in asthma severity level between children seen by specialists and PCPs.</p> <p>National guidelines suggest we should 'raise the bar' in terms of patient expectations for controlling asthma. Based on this directive, the study found an opportunity for improvement in 100% of children with mild, moderate or severe persistent asthma.</p> <p><i>Actions Recommended</i></p> <p>Develop a Pediatric Asthma Toolkit and an educational program dealing with the process of caring for pediatric patients with asthma. Present CME learning sessions at hospitals and clinics throughout Wisconsin in 2002.</p>
<b>Low Back Pain Study<sup>3</sup></b>	<p><i>Findings</i></p> <p>Only 60% of patients experienced the degree of symptom relief they expected.</p> <p>Only 39% of patients indicated they would be satisfied to spend the rest of their lives with their symptoms at 12 months.</p> <p>Only 40% of patients would recommend their health care provider to family or friends.</p> <p>Most significant gains in physical health made by the 3-month follow-up.</p> <p>Physical health scores remained below national norms at 3 and 12 months.</p> <p>These treatment results fall short of what practitioners should anticipate according to the AHCPR guidelines, which suggest giving the patients the expectation of a rapid recovery.</p> <p>The data suggest that recovery from an episode of acute low back pain may not be as rapid or predictable, nor back pain as benign, as the medical community would like.</p> <p><i>Actions Recommended</i></p> <p>Care should be taken to prepare patients for managing future flare-ups of back pain and to provide adequate support and strategies for effective patient-directed management of chronic or recurrent back pain.</p> <p>Explore educational opportunities related to appropriate pain management.</p>

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1. Berry B, Helstad CP. The State Medical Society of Wisconsin Asthma Outcome Study—Initial Findings. *Wis Med J.* (1999) 99;3:34-38.
2. Meurer JR, Helstad CP, Wiegmann SM, et al. Pediatric Asthma Study of the State Medical Society of Wisconsin. *Wis Med J.* (2001)100;8:26-34.
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## Publications resulting from MORP

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the assessment of health care quality. This evolved into a very challenging initiative and today we find ourselves asking, "Should we continue?" The SMS's neutral orientation allowed the study group physicians with little research experience to participate equally, pooling their information to determine if adherence to guideline-based care improves health outcomes.

The results have been surprising, and we are only beginning to see the pay-offs from this excruciatingly difficult task (see Table 1). Through the MORP studies we have observed that, overwhelmingly, care is not consistent with practice guideline recommendations—even among the most motivated physicians who volunteer to participate in the studies. Questions persist

whether physicians are unaware of the guidelines or do not agree with them and whether patients fail to comply with guideline-based care when it is prescribed.

What is clear is that despite the difficulty, cost and length of time the studies take, study group members remain more convinced than ever that through outcomes research we will learn the answers to those questions. In addition, we are beginning to be recognized statewide by groups who would like to partner with us to improve the health care of the people of Wisconsin. Educational initiatives in the areas of pain management, end-of-life care, pediatric asthma, cardiovascular health, youth violence, diabetes and kidney disease are under consideration. We can think of no better way to

advance SMS strategic plan objectives.

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