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Contacts: Tracy Hampton • (312) 339-9067 • thampton@nasw.org
Christine Feheley • (202) 640-4638 • cfeheley@asn-online.org

QUALITY OF PATIENT EXPERIENCE WITH DOCTORS MAY AFFECT HOSPITALIZATION RISK IN HISPANICS WITH KIDNEY DISEASE

Highlights

- Lower perceived quality of patient-physician interaction was associated with a higher risk of hospitalization in Hispanics with chronic kidney disease.
- Quality of patient-physician interaction was not associated with risk of developing kidney failure or dying.

Washington, DC (October 18, 2018) — A lower perceived quality of patients' experiences with their primary care physicians was associated with a higher risk of hospitalization in a recent study of Hispanics with chronic kidney disease (CKD). The findings, which appear in an upcoming issue of the *Clinical Journal of the American Society of Nephrology (CJASN)*, are of particular relevance in view of the growth of the US Hispanic population and their high burden of kidney failure.

Adults with CKD experience higher rates of hospitalization than those without CKD. Prior studies have examined the relationship between clinical factors and hospitalization rates but have not evaluated the association with the quality of patients' experiences with their primary care physicians. This is an especially relevant question for Hispanic patients with CKD who may face challenges in their interactions with their primary care providers related language barriers and cultural factors.

To evaluate the association between patient experiences with their primary care physicians and the outcomes of hospitalization, kidney failure, and death in Hispanics with CKD, James P. Lash, MD (University of Illinois at Chicago) studied 252 English and Spanish-speaking Hispanics with CKD who were enrolled in the Hispanic Chronic Renal Insufficiency Cohort Study between 2005-2008. Patient experiences with their primary care physicians were assessed by a survey that scored communication quality, whole person orientation, health promotion, interpersonal treatment, and trust.

Over a median follow-up of 4.8 years, there were 619 hospitalizations, 103 kidney failure events, and 56 deaths. As compared with higher scores in the survey, lower scores were associated with a higher risk for hospitalization (a 54% higher risk with poor communication, a 31% higher risk with poor health promotion, a 50% higher risk with

poor interpersonal treatment, and a 57% higher risk with lack of trust). There were no significant links between scores with the development of kidney failure or with death.

“We were interested in evaluating the association of the patient experience with their primary care physician with hospitalization and other outcomes,” said Dr. Lash. “We were able to accomplish our goal and found that lower perceived quality of the patient experience with their primary care physician was associated with a higher risk of hospitalization.” The finding is of particular significance in view of the high risk for hospitalization among patients with CKD.

In an accompanying editorial, Delphine S. Tuot, MDCM, MAS (University of California, San Francisco) noted that data such as those published in this study “provide evidence that better patient care experiences are also associated with less health care utilization and provide a step towards the overarching goal of achieving the quadruple aim: high-quality and cost-effective care delivery that improves population health and achieves high satisfaction among providers, care-team members, and patients.”

Study co-authors include Esteban A. Cedillo-Couvert, MD, Jesse Y. Hsu, PhD, Ana C. Ricardo, MD, Michael J. Fischer, MD, Ben S. Gerber, MD, Edward J. Horwitz, MD, John W. Kusek, PhD, Eva Lustigova, MPH, Amada Renteria, Sylvia E. Rosas, MD, Milda Saunders, MD, Daohang Sha, PhD, and Anne Slaven, MSSA.

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The article, entitled “Patient Experience with Primary Care Physician and Risk for Hospitalization in Hispanics with Chronic Kidney Disease,” will appear online at <http://cjasn.asnjournals.org/> on October 18, 2018, doi: 10.2215/CJN.03170318.

The editorial, entitled “Better Patient Ambulatory Care Experience: Does it translate into improved outcomes among patients with CKD?” will appear online at <http://cjasn.asnjournals.org/> on October 18, 2018.

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Media contact

. Sharon Parmet <sparmet@uic.edu>