


Volume 13, 23 October 2013

Publisher: Igitur publishing

URL: <http://www.ijic.org>

Cite this as: Int J Integr Care 2013; Annual Conf Suppl; [URN:NBN:NL:UI:10-1-114673](https://nbn-resolving.org/urn:nbn:nl:ui:10-1-114673)

Copyright: 

Poster Abstract

Patient-Centered Health Care Delivery Systems in the US: A Discrete-Choice Experiment

Axel C Mühlbacher, Professor for Health Economics and Healthcare Management, Hochschule Neubrandenburg, Institute Health Economics and Healthcare Management; Germany; 2010-2011 Harkness Fellow in Health Care Policy and Practice; The Commonwealth Fund, New York, USA; Duke University, Durham, NC, USA

Susanne Bethge, Research Fellow, Hochschule Neubrandenburg, Institute Health Economics and Healthcare Management; 2010-2011 BMEP Research Scholar, International Academy of Life Science, Germany

Kevin A. Schulman, Duke Clinical Research Institute (DCRI) Associate Director, Health Services Research Director, Center for Clinical and Genetic Economics, Duke University, Durham, NC, USA

Correspondence to: **Axel C Mühlbacher**, Institute Health Economics and Healthcare Management, Germany, Phone: +49 39556933108, E-mail: muehlbacher@hs-nb.de

Abstract:

Objectives: Patient-centered care, in which health services are customized on the basis of patients' needs and values, is seen as a critical factor in a high-performance health care system. This project seeks to characterize patients' needs and values for specific features of health care delivery systems.

Methods: Quantitative data were obtained by means of a discrete choice experiment (DCE) using a logit model. Alternatives were described by 21 specific attributes that described certain features of a health care delivery system. Each set included six attributes with three specific levels. The DCE was divided into four blocks based on thematic mapping (DCE 1, patient involvement; DCE 2, point of care; DCE 3, personnel; DCE 4, organization). Each DCE included six attributes with three specific levels. Respondents were randomly assigned to an DCE.

Results: N=3900 respondents (patients) have completed the survey at Duke HealthView. The feature "out-of-pocket costs" was of high importance across all 4 DCEs (DCE-1coefficient: 0.7050; DCE-2coefficient: 0.9057; DCE-3coefficient, 0.7330; DCE-4coefficient: 0.8384). In DCE 1 regarding patient involvement, "trust and respect" (0.6538) and "attention to personal situation" (0.4732) were of greatest importance. In DCE 2 addressing preferences at the point of care, "shared decision making" (0.7441) and "access to patient record" (0.4576) were nearly equally valuable to patients but of highest relevance. In DCE 3 focusing on personnel in health care delivery systems, "multidisciplinary care" (0.7308) was ranked highest. Lastly, in DCE 4 analyzing features of the organization of health care delivery systems, "medical devices and furnishings" (0.4082) and "treatment guidelines" (0.4702) were of almost equal value to patients.

Conclusions: If patient priorities are taken into account adequately, it is safe to assume that this will increase patients' satisfaction with, and adherence to, clinical treatments and public health programs, an essential requirement of healthcare delivery.

Keywords

patient preferences, Discrete-Choice Experiment, Patient-Centered Health Care Delivery Systems, United States
