

Researchers investigate differences in quality of care delivered by US resident and staff physicians

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Research on the quality of US resident physician performance levels has often been limited by lack of a comparison group or strict focus on specific diseases and geographical areas. In order to gain insight on differences in quality of care provided by resident physicians versus staff physicians, Boston Medical Center (BMC) and Palo Alto Medical Foundation researchers investigated performance of physicians in 33,900 hospital-based outpatient visits throughout the US.

The researchers collected data from the 1997-2004 National Hospital Ambulatory Medical Care Survey and separated patient visits to resident and staff physicians. To monitor performance in multiple areas of common primary care they created 19 quality indicators that fell into five categories: medical management of [chronic diseases](#); appropriate antibiotic use; preventative counseling; screening tests; and inappropriate prescribing in elderly patients. Performance quality was calculated as the percentage of eligible visits that received recommended care as defined in practice guidelines and consensus expert statements. Statistical analyses were performed after the mean performance rates of staff and residents were calculated for each quality indicator.

Results indicate that resident physicians were more likely to care for younger, non-white, female and urban patients, as well as patients with Medicaid. They also indicate that residents outperformed staff physicians on four measures of quality: [ACE inhibitor](#) use for [congestive](#)

[heart failure](#) (57.0 vs. 27.6%); diuretic use for hypertension (57.8% vs. 44.0%); statin use for hyperlipidemia (56.3% vs. 40.4%); and routine blood pressure screenings (85.3% vs. 79.6%). All physicians performed at similar levels on the remaining 15 performance indicators.

"This study highlights the significant opportunity that remains to improve quality of outpatient care in the United States," said author Karen E. Lasser, MD, MPH, an associate professor of medicine at BUSM and staff physician at BMC. "Quality improvement interventions that address specific barriers at the system, provider, and patient level are necessary in order to reduce the discrepancy between clinical practice and best evidence." These findings appear in the *Journal of General Internal Medicine* online.

Provided by Boston University Medical Center

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