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Patient Perspectives on the Doctor of the Future

Deborah S. Main, PhD; Carolyn Tressler, MSPH; Amie Staudenmaier, MEd; Kathryn A. Nearing, MA; John M. Westfall, MD; Meredith Silverstein, MS

Background and Objectives: *Health care reform has been the subject of considerable debate, particularly among those in politics, insurance, and business. Patients, however, have largely been ignored in this discussion. As the role of the health care consumer receives increased attention, it is important to consider patient values and preferences for a future system of care. This study describes what patients want and value in a future doctor.* Methods: *This study was conducted in 1999–2000, using focus group methodology involving 78 members of communities in seven regions of Colorado. Participants were selected to ensure a distribution of rural/urban, racial/ethnic groups and different regions of the state. All participants had visited a health care provider in the previous 10 years. Data were analyzed with a team-based editing approach.* Results: *Participants identified several primary domains and subthemes that describe what they want in a doctor of the future. The primary themes related to future doctors' medical and contextual knowledge of the patient, their personal characteristics and philosophical approach to health and health care, and desired qualities of the doctor-patient relationship.* Conclusions: *Patients wanted their future doctors to improve their experience of care and to be patient-centered, family-oriented, and community-oriented doctors. Patient perspectives of the doctor of the future should be considered in decisions about health care policy.*

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Issues of quality of care and an improved health care system are perennially at the top of our nation's political agenda. During the past several years, an emphasis on health care refinance and cost reduction has led to increased pressures for physicians to see more patients, prescribe the least-expensive medications, and manage referrals closely, hence limiting the choices of patients.[1] Such cost-control strategies have led to a backlash within the health care profession,[2] since these cost-control strategies are sometimes perceived as conflicting with quality, medical professionalism, and ethics.[3,4]

What is the ideal health care system? Insurance companies, large health care systems, governmental agencies, academic institutions, and medical providers have expressed strong views about this critically important issue. However, we have heard little about what patients believe is the ideal health care system. Recent proposals for a patients' bill of rights have been hotly debated as it becomes more evident that the US health care system is influenced more by insurers, businesses, and government agencies than by consumers. These proposed patient-oriented bills of rights have focused primarily on increased disclosure and patient choice and have been criticized by payers as likely to result in increased costs, and criticized by patients for not going far enough to shift decision making from employers to individual patients. Many are left wondering whether patients will really have an influence on how health care is delivered,[5,6] though recent polls clearly show that US voters want such influence.[7]

Despite criticisms about the various proposals for a patients' bill of rights, the discussion about the issue underscores the importance of understanding the values and preferences of those most affected by the structure and processes of health care—the patients. While most consumer health care research has emphasized specific features of health care structure and financing and the information needs of consumers,[8] we know little

From the Department of Family Medicine, University of Colorado (Drs Main and Westfall, Ms Tressler, and Ms Silverstein); and the Center for Research Strategies (Ms Staudenmaier) and Omni Research Associates (Ms Nearing), Denver.

about what patients value most in their doctors—the individuals who patients identify most closely with the health care system.

This study describes the attributes that patients most value in a doctor of the future. Through a series of 10 community focus groups, we collected information from health care consumers about the aspects of a future doctor and doctor-patient relationship that are most important to them.

Methods

As a qualitative research method, focus groups create a semi-structured forum in which group members can openly express their ideas and opinions on a given topic. Members of each group engage in a dynamic, collective "sharing" process fueled by the group facilitator. This method allows collection of a wide range of qualitative data.

Recruitment Process

Ten communities were chosen to participate in this study; focus groups were held in two rounds. Communities were purposely selected to provide variation in rural/urban residence, racial/ethnic groups, and regions of the state.

The target group for this project was adults (ages 18 and older) from the 10 Colorado communities. For the majority of the groups, we attempted to recruit a mix of male and female community members who represented the racial/ethnic composition of the community and who had some experience with health care in the previous 10 years (eg, visited a doctor at least once). For four of the groups, however, we were more specific about the composition. We recruited one group consisting of all African American females, another group of all African American males, a group of Spanish-speaking males and females, and, finally, a group of males and females ages 65 and older.

Focus Group Format

Experienced moderators conducted the 10 focus groups. An African American individual moderated the two groups with African American participants, and a Latino facilitator moderated the Spanish-speaking group. When participants arrived at the focus group, we asked them to sign consent forms and complete a one-page survey to collect demographic information. After allowing a few minutes for refreshments and informal conversation, the moderators introduced themselves and the assistant moderator and explained the purpose of the group and the reason for recording the session. A stenographer or court reporter recorded the focus groups to ensure an accurate transcript of the proceedings. The moderator then explained that participants' names would not appear in written materials. Moderators emphasized ground rules for the discussion, including the importance of everyone's opinions and the need for confidentiality.

We asked focus group participants to think and talk about what they wanted in a doctor of the future. In all focus groups, we used the term *doctor* to allow participants to consider any and all health care providers in their discussions of future health care providers. For the present study, doctor was defined as including "anyone you see for your health care needs (eg, physician, nurse practitioner, traditional healer, acupuncturist, etc)."

Focus Group Analysis

Focus group transcripts served as our primary data source for preliminary analyses. We entered these Microsoft Word® files into Atlas-ti® qualitative data analysis software (Atlas-ti, version 4.2, Berlin, Scientific Software Development, 1999) and analyzed these data using the editing approach to analysis,[9] a technique derived from grounded theory.

This particular approach encourages interpretation of the data, using a team approach. Four of the authors independently read through the 10 focus group transcripts and highlighted issues, examples, or quotes that each felt was important. The team then met as a group and discussed notations or interpretations. Transcripts were reviewed a second time to confirm or refute initial and ongoing themes and codes. These themes were organized into an overall framework to portray the complexity of factors important for a doctor of the future.

Our analytic approach was consistent with criteria recently outlined for enhancing the validity (or credibility) of qualitative findings.[10]

Results

Participant Background

A total of 78 community members participated in the 10 focus groups. Table 1 shows the demographics and health care experiences of these participants. Focus group participants ranged from ages 19 to 84, with an average age of 48 years. A majority of participants were female (56%), white (59%), and non-Hispanic (71%), although a relatively high proportion of participants were black and Hispanic, compared with the rest of the state (4%, 12.9% for black and Hispanic, respectively.) Nearly all participants reported having some form of health insurance, and a high percentage reported their health as excellent or very good.

Focus Group Results: Key Domains and Themes

Focus group themes and the key domains representing those themes centered on three main issues: (1) what future doctors should know, (2) desired qualities of the future doctor, and (3) desired qualities of the doctor-patient relationship. To illustrate key domains and themes, we have emphasized quotes of what patients value and prefer, with a few quotes that reflect what patients dislike or don't want. Although we present each

Table 1

Community Focus Group Participants*

Average age	48 years
Gender	
Female	56%
Male	44%
Race	
Black/African American	20%
White/Caucasian	59%
Other	21%
Ethnicity	
Hispanic	29%
Non-Hispanic	71%
Income	
Less than $15,000	9%
$15,001–$45,000	58%
Greater than $45,000	33%
Health insurance	
Yes	92%
No	8%
Health status	
Excellent/very good	53%
Good	34%
Fair/poor	13%

* n=78

of these domains separately, these issues were often discussed in an interwoven fashion throughout the focus group conversations, reflecting the complex ways these issues influenced participants' health care experiences.

1. What Future Doctors Should Know About Medicine. Community members talked about what doctors of the future should know about medicine. They wanted their doctors to know the latest in medical treatments and realized how the Internet has made the rapid transfer of knowledge more of a challenge for doctors. Table 2 provides a summary of these themes and representative quotes from community members.

2. Knowledge of Patients' Context and Personal Need for Information. Many participants also talked about how a doctor of the future should know more than just the technical aspects of medicine. They wanted their doctor to know about their culture, their medical and family history, their personal health, and their communities. Participants also repeatedly stressed their desire for more information about their medical condition and potential health issues. They expressed a desire for the doctor to be more proactive in giving patients information that may be helpful. Table 3 presents community member perspectives on these issues.

3. Desired Qualities of Future Doctors and Their Approach to Health/Health Care. Participants talked about specific characteristics they thought future doctors should possess; care, compassion, and honesty were commonly mentioned. Community members also wanted their doctors to have a holistic, prevention-oriented approach—to consider the entire person and not simply the symptoms he/she presents. Table 4 includes representative quotes on desired personal attributes of doctors and their philosophical approach to medicine.

4. Desired Qualities of the Doctor-Patient Relationship. The relationship between doctor and patient created considerable discussion in all 10 focus groups. Par-

Table 2

What a Doctor of the Future Should Know About Medicine

Themes	*Description*	*Representative Quote(s)*
Keeping current	Doctors need to stay abreast of the rapidly changing world of medicine	"The medical field moves so quickly, and new techniques and new technologies and new cures come up all the time, new medications, and it's got to be very, very difficult for them to keep up with it, but I expect them to."
		". . . some of the things that I read, just in the newspaper, or magazines, on special medicines that are available. A lot of times, the doctors that I talk to have never heard of the stuff. It seems like they don't keep up with the newest."
Alternative medicine	Doctors need to consider alternatives to "usual" medical practice as well as coordinate care with alternative healers	"I think it is important for the doctor to have a well-rounded view of medicine. That is to say someone who is not limiting the possibilities of what can happen, say with a chiropractor versus an MD, they limit your opportunity to be healed because the chiropractor can and will do things that an MD cannot and will not do. So I would like, in the ideal world, [for my doctor] to have a clear understanding of traditional as well as nontraditional medicine."

Table 3

What a Doctor of the Future Should Know About the Patient's Context and Information Needs

Themes	*Description*	*Representative Quote(s)*
Culture	Doctors need to be knowledgeable about their patients' cultural backgrounds and have respect for patients' cultural beliefs.	"They need to know what they are doing. If they are working with African Americans, they need to know who we are. If they are working with Hispanics, they need to be bilingual and know who they are. If they are working with Asians, the same thing."
Medical history	Doctors need to learn about a patient's medical history (and remember the salient pieces during the visit).	"So when you go [to the doctor's office], you may have one doctor one day, the other doctor the next day, and they're not transferring the information—the doctor isn't taking time to read the [medical] chart. I wouldn't care about talking to a different doctor if he had read the chart . . . instead of coming in and saying, 'Well, why did we do this?' Well, I have no idea. 'The other doctor said it was necessary.'"
Family	Doctors need to show interest in the patient's family. They should know (ask) about family medical conditions that may impact the patient's health.	"I like going to my doctor, because it's always . . . very personal. He's interested in my entire life. You know, "How are the kids? How's your husband?" And he doesn't seem rushed, you know."
		"I would like for them to take a history of my family. I have alcoholism on both sides of my family. They never asked me about that."
Community	Doctors should get to know and give back to the community. Some patients wanted doctors to live in the community.	"I think they [doctors] should look at what they could give to the community . . . So I think they need to be community oriented. What they can give to the community."
Consider patient knowledge	Doctors need to value their patients' knowledge about themselves and their own bodies.	"I wish the doctors didn't prejudge the amount of knowledge that you have about yourself and your body. I think sometimes they judge you as a nonperson.'You really don't know what I'm talking about,' and they're condescending to you."
		"The doctor should be able to listen to the patient and give credit to the patient's self-knowledge."
Patient need for information	Doctors should give patients as much information as possible about their health and acknowledge patients' ability to learn more about their health and health care. Doctors should provide more information about treatment options so patients can make their own decisions.	"I would like to be informed. It wouldn't matter if they even told you, 'Read this as to what the problem is.' Or made reference to where you could get the material to find out. In other words, keep you as well informed about what's going on. It's probably the most critical thing in having good health care. It's just to treat you like you're human and intelligent."

ticipants talked about the value of trust and respect, open communication, and patient education as part of the relationship. In the second round of focus groups, a new issue emerged under the topic of respect: how some patients—people of color, low income, those without health insurance—are stereotyped and treated with less respect than other patients. Table 5 provides specific examples of what focus group members desire in personal relationships with future doctors.

Discussion

With renewed discussions about health care reform and a patients' bill of rights, the values and preferences of US consumers should have more of an influence on the structure and process of health care than ever before. The results of these community focus groups provide timely and important information about what people value in a future doctor. These community focus groups asked people to look to the future and envision what they will need in their doctors. These people wanted doctors who would (1) stay up-to-date in their medical knowledge and view consumers as important sources and repositories of valuable knowledge and information, (2) take a preventive focus and help people understand and care for themselves to avoid unnecessary sickness and disability, (3) understand, acknowledge, and use complementary/alternative medicine as part of caring for the "whole person," and (4) understand and acknowledge the limits and boundaries of medicine in general and within their own clinical specialties.

The Experience of Care

It is notable that what focus group participants talked about most was the need for doctors who improve the experience of care. People frequently spoke about the

Table 4

Desired Qualities of Future Doctors and Their Approach to Health/Health Care

Themes	*Description*	*Representative Quote(s)*
Caring/ compassionate	Doctors need to show compassion for patients—listen and treat with compassion.	"That's a big one for me: acting like you care about my problems instead of just getting my insurance number, trying to get paid. A doctor who is very genuine or just being a good person."
Honesty	Doctors need to be open and honest, however difficult. Doctors need to be forthright, admit when they are unsure or lack experience to deal with a more-complex medical condition.	"I can handle it. I know it's not going to be easy, but I can handle it. I'd rather know the whole truth than for them to sugarcoat it."
		"If they don't know it, to be honest enough to say, 'I don't know, but I will find it for you and research it, or find a way to find out.'"
Holistic	Doctors need to have a broader understanding of patients, one that takes into consideration the entire person—emotional, social, mental, spiritual, and physical dimensions of human experience.	"I would like to see doctors look at the whole person and not just the symptoms. Because oftentimes, symptoms are just that. They're just an indication of what the main problem is. They don't look for the problems, they just treat symptoms."
		"I would like to have a doctor well trained and knowledgeable in treating all of you: the emotional, the mental, and the physical."
Preventive	Doctors should adopt a more-preventive approach and teach patients how to take care of themselves.	"And this [doctor] has taken more of an interest [in] seeing my holistic health picture. And it's more being fit, what you're eating . . . In other words, a more holistic approach than just a medical approach. And I like that, preventive medicine."
		"I would like a doctor that will treat the whole person, not just for the illness you have right now but to prevent future problems."

need for future doctors who are compassionate, who understand and appreciate the needs and lives of their patients—their patients' culture, community, heritage, values, and families. They also spoke about doctors who show respect, treat patients as people, and acknowledge their experience and expertise as both healers and partners in care. Finally, the participants discussed the importance of doctors who value relationships with patients and their families—who believe in the importance of continuity and coordination of care.

The importance of improving the experience of care is consistent with the quality improvement movement, which argues for a more service-driven health care system[3] and emphasizes aspects such as convenience, dignity, access, privacy, communication, comfort, consumer involvement in decision making, and promptness of care.[11]

In addition to their emphasis on service quality, focus group participants specifically wanted their future doctors to be patient centered, family oriented, and community oriented.[12,13] This finding is consistent with a recent study and an editorial supporting the value of patient-centered care and in patient preferences in judging aspects of health care.[14,15]

Focus group participants also emphasized the importance of care coordination. Participants did not ask for a gatekeeper (in fact, this term was never mentioned) but wanted their doctor to help coordinate their care and medical information (specifically between primary care physicians and specialists). They wanted doctors to share knowledge about them, rather than compete for it. They mentioned frustration in hearing different things from providers and wished that doctors would talk with one another about their care. These patterns are consistent with recent discussions about the appropriate role of primary care physicians in care coordination.[16,17] It is important to consider these comments within the context in which they were made. We expressly did not use the terms *primary care doctor* or *family doctor* in our focus groups' instructions or questions; these comments reflect patients' ideas and wishes about all doctors.

Implications for Health Policy

Patients' desires and needs expressed in these focus groups are converging with the priority areas identified by several national primary care groups. A recent Agency for Health Care Policy and Research (now AHRQ) Strategic Plan called for a greater emphasis on prevention, increased involvement of patients in medical care and self care, and the need to extend alternative/complementary care options for patients.[18] This plan, however, recognized that "most primary care physicians are not prepared to discuss or offer such services."[18] Responses of focus group participants support this assessment and provide recommendations about the aspects of care and care processes that are most important to patients.

Limitations

The present study has several limitations. First, focus group participants were selected to have had at least some experience with the health care system. In fact, all but one participant reported visiting a doctor in the last year. Thus, the views of people who do not use health care are not represented in our analysis. Participants were also relatively well educated and reported relatively good health.

Second, this study was funded by a group of family practice residency directors, raising the possibility that a pro-family practice or pro-primary care bias could influence the results, and the majority of study participants obtained primary medical care from family physicians. While this exposure to family physicians has affected their preferences and recommendations for a doctor of the future, the fact that a preponderance of participants obtained care from family physicians may simply have been a reflection of the high number of family physicians in Colorado. Further, participants in the study were not asked about family physicians—they were asked about "the doctor of the future," with no specific mention of primary care or family practice. This was done in an attempt not to bias participants in terms of their preferred health care provider. Interestingly, nearly all participants defined their doctor (explicitly or implicitly through their language) of the future as a "physician."

Table 5

Desired Qualities of the Future Doctor-Patient Relationship

Themes	*Description*	*Representative Quote(s)*
Listen	Doctors need to take the time to listen rather than rushing people in and out (to elicit patients' knowledge about their illness experience).	"Somebody that will spend time with you and not just rush you out of there, you know, listen—not write a prescription out, hand it to you, and you're gone, you know?"
Communicate openly	Doctors need to be as clear and open as possible about the patient's personal health matters, including end-of-life issues.	"Better personal skills. They need to learn how to communicate openly and honestly and directly to people. None of this lack of eye contact and avoiding the patients—somebody who shakes your hand and looks you in the eye and makes a real connection with you personally and doesn't just say, 'Okay, you are . . . who are you?'"
Trust	Doctors need to help their patients feel like they have the patients' best interests at heart. Patients are concerned about confidentiality, competence, and communication—lack of, as well as inappropriate, communication—between specialists.	"I trust her. I feel that she will do what needs to be done to keep me in good health. And, you know, sometimes you go in with some kind of vague complaint, and you wonder what's wrong, and she's willing to try and figure it out."
Respect	Doctors and their staff need to treat their patients with respect. They must avoid stereotyping.	"I wish they would treat everybody the same, no matter what color one is. Everybody should be treated the same, even when they have no money, with insurance or without insurance. It does not matter the color we are, the money we have or not have, we have the same pain, and they must understand that, and sometimes they do not understand that . . ." "They look at you . . . their attitudes change when they see my insurance card. It makes me feel like only the rich and the well-off people are the only ones that are entitled to adequate health coverage, and it really makes me feel like . . . they really don't care. I think this is wrong." "Sometimes you walk into doctors' offices, and you feel like you're just a dollar walking through the door, rather than a person. . . . we're not just income, we're individuals."
Continuity	Patients prefer to see the same doctor most of the time. They want to develop a relationship over time with their doctor.	" . . . a problem for my family has been the turnover of doctors. It is hard to keep doctors in a small rural community for a long period of time. Some are contracted, and some are here for a few years, then they are gone . . . a lack of continuity. Sometimes [this] is difficult for a person who has a long-term problem.
Involve and educate patients	Doctors need to involve patients as a part of the care team. Teach consumers what they can do to take care of themselves	"Ideally, I'd like to see them come out of medical school more as a teacher. And not necessarily look at coming to save the world's ills. But more as a teacher. Come out and teach people what health is about. "I like it when they go through things with you, explain it to you like you're going to understand it. Like you're a part of the team, instead of just, you know, kind of, 'take your pills and shut up.'"

Finally, although we spoke with people from a variety of communities in Colorado, our results may not represent the views of all citizens of Colorado or elsewhere in the United States.

Concordance With Prior Research

Despite these limitations, our results are consistent with other studies of health care consumers. Similar to focus group participants in the present study, a large percentage of consumers surveyed for the national Navigating the Changing Health Care System survey wanted more information about health plans and about the quality of physicians, courtesy from physicians and staff, and an ability to choose doctors and hospitals.[19] More-recent studies using data from the Consumer Assessment of Health Plans Survey (CAHPS) among Medicare beneficiaries support the importance of service experience in consumer perceptions of care plans. For example, a qualitative study found that beneficiaries were most interested in CAHPS measures that reflect their care experience: getting the care they need quickly, having access to specialists, and communicating well with doctors.[20] Another quantitative CAHPS study demonstrated that consumers do distinguish between their experience of care and the structural and financial characteristics of health plans.[21] Finally, survey respondents in Massachusetts reported significant declines in communication, interpersonal treatment, and trust of physicians[22]—findings confirmed by participants in Colorado focus groups.

Conclusions

The consistency of the present findings with previous research confirms their broader applicability and the need for an in-depth understanding of consumer perspectives.

The results of the present study remind us about the critical need for the health care consumer's perspective in future debates on health care reform. Moreover, consumer values and preferences for doctors of the future should be a critical part of any discussion of a patient bill of rights.[23] Our results confirm that any successful plan for health care refinance must also emphasize quality and service, with accountability systems in place to ensure their delivery and sustainability.

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Corresponding Author: Address correspondence to Dr Main, University of Colorado, Health Sciences Center, Department of Family Medicine, 12474 East 19th Avenue, #402, Aurora, CO 80010. 303-724-9700. Fax: 303-724-9747. debbi.main@uchsc.edu.

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