Qualitative Methods in Geographic Variation

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MY HOBBY:

SITTING DOWN WITH GRAD STUDENTS AND TIMING HOW LONG IT TAKES THEM TO FIGURE OUT THAT I'M NOT ACTUALLY AN EXPERT IN THEIR FIELD.

ENGINEERING:
OUR BIG PROBLEM IS HEAT DISSIPATION
HAVE YOU TRIED LOGARITHMS?

48 SECONDS

LINGUISTICS:
AH, SO DOES THIS FINNO-UGRIC FAMILY INCLUDE, SAY, KLINGON?

63 SECONDS

SOCIOLOGY:
YEAH, MY LATEST WORK IS ON RANKING PEOPLE FROM BEST TO WORST.

4 MINUTES

LITERARY CRITICISM:
YOU SEE, THE DECONSTRUCTION IS INEXTRICABLE FROM NOT ONLY THE TEXT, BUT ALSO THE SELF.

EIGHT PAPERS AND TWO BOOKS AND THEY HAVEN'T CAUGHT ON.
Wennbergian perspective

Figure 1.2. The Association Between Hospital Beds per 1,000 Residents (1996) and Discharges per 1,000 Medicare Enrollees (1995–96)
ANNALS OF MEDICINE

THE COST CONUNDRUM

What a Texas town can teach us about health care.

BY ATUL GAWANDE

JUNE 1, 2009
The New York Times

Health Care Spending Disparities Stir a Fight

By ROBERT PEAR
Published: June 8, 2009

WASHINGTON — President Obama recently summoned aides to the Oval Office to discuss a magazine article investigating why the border town of McAllen, Tex., was the country’s most expensive place for health care. The article became required reading in the White House, with Mr. Obama even citing it at a meeting last week with two dozen Democratic senators.
The Influence of Nursing Home Culture on the Use of Feeding Tubes

Ruth Palan Lopez, PhD, GNP-BC; Elaine J. Amella, PhD, GNP-BC, FAAN; Neville E. Strumpf, PhD, RN, FAAN; Joan M. Teno, MD, MSc; Susan L. Mitchell, MD, MPH
Norms of decision making in the ICU: a case study of two academic medical centers at the extremes of end-of-life treatment intensity
Triangulation
**Goals of life-sustaining treatment**

- Time-limited trials; means to an end
  - Fellow: “Well, it was worth a trial at 3 a.m. for a few days, but now that his liver has really not improved...the family wanted to continue without a clear endpoint. Since we decided on no transplant we were kind of dialyzing him to infinity and the guy was not going to get any better.”
  - Attending: “[CVVA] was a means to no end.”

- Open-ended; end in itself
  - Attending: “She was here when I was on service 3 weeks ago. We can’t go on indefinitely. What’s the endpoint?”
  - Fellow: “Her dry weight.”
Definition of “dying”

- Near term death; poor survival quality of life
- Non-survivability

Attending: “They [the oncologists] give this crazy prognosis. I don’t trust these guys.”

Attending: “[His living will states that] he doesn’t want to be a burden to his family; if he’s not going to get better he doesn’t want life sustaining therapy. So none of these decisions have gone against what his living will states because everything that has happened to him has shown the potential to improve, but if he makes it through this he’s going to have a prolonged course where he will probably need to go to a nursing home if he can get through these acute illnesses.”

Resident: “His family has been told that it is terminal, and that he has a very short period of time to live. He has very poor neurologic function, only opens his eyes, doesn’t track or communicate or follow commands, and the ICU team as well as others have felt that... continuing to care for this man in an aggressive way was very undignified to him.”
Harms of commission vs. omission

• Iatrogenesis, treatment against preferences

Resident: “At one point he held his fingers up in an X... he put his hand up like he did not want the intervention ... we opted to extubate him to see if we could talk to him about what kind of intervention he would want. I was there when we extubated and his first words to me were ‘take home, take home.’”

• Thoroughness

Attending: “By the time I got on [the case that morning], she was already extubatable so we extubated her and then made her, again, DNR/DNI. But just, we still had to deal with the chest tube, we still had to finish up antibiotics for pneumonia, so everything that had started, we were finishing.”
Self-efficacy for decision making

• Active facilitation; unilateral decisions

• Externalize locus of control

Attending: (to the social worker) “This is some place you could help with. The family is angry not believing the situation. He had an embolization in August and they blame that on his downhill slide. He was vital prior to that embolization.”

Attending: “I have talked to the dad, the patient, and he said this is not what he wants... [but] the wife is not willing to hear this nor is the family... there are certain cultures that believe you should do everything possible for the patient and he fits that mold very, very well.”
Spillover effects

Attending: “Some families cope and adapt as this family is and others would demand that everything be done and some others might have some disbelief that this is happening, so this could be consistent with a typical family.”

Attending: “There’s a lot of interest in decision making at the end of life...a lot of attention to engaging patients in thinking about whether aggressive care is the right way to go.”

Attending: “…by the time that they get here they have been really been through the community hospital...and the aura of [this hospital] is one of [making] miracles happen. It doesn't do us any favors I can assure you.”

Attending: “Because of our patient population here, the physicians who take care of these patients are highly aggressive and is it not our style to pull back and let people go. So typical bread and butter patients are treated very aggressively, right or wrong...it’s just automatic in your training you know, that you just keep going.”