

## Time to Talk CARDIO Research Fact Sheet

### Overview

The Time to Talk CARDIO program has been evaluated by family physician practices in partnership with the American Academy of Family Physicians (AAFP) Foundation, and assessed through research conducted at the Oregon Health & Science University in conjunction with Canyon Ranch Institute (CRI). The program is currently being used in health care settings across the United States, with several family physician practices continuing to assess Time to Talk CARDIO in 2010. The evidence-based Time to Talk CARDIO tool was modeled after LEAPS, a framework developed to assist health care professionals (HCPs) and patients in improving their in-clinic conversations. LEAPS addresses five key areas: Listening, Educating, Assessing, Partnering and Supporting. Time to Talk CARDIO is an educational program underwritten by Merck & Co., Inc. and developed in partnership with the AAFP Foundation, CRI, and RIASWorks.

### AAFP Foundation Pilot Practice Evaluation

#### Methodology

Evaluation data was combined for Mississippi, Missouri and North Carolina with a total of 168 participants; 144 patients (72 control and 72 test) and 24 HCPs. The study objective was to assess the impact of the Time to Talk CARDIO Web site on changes in self-reported patient and HCP use of LEAPS skills and in satisfaction with visit communication. For patients, comparisons were made between the test and control groups by measuring the differences between pre- and post-Web site use of LEAPS skills and satisfaction overall, as well as across six related areas (Table 1). For HCPs, evaluation was based on changes in LEAPS skill use and satisfaction pre- and post-Web site visit (Table 2).

#### Results

Initial research among patients and HCPs showed that the Time to Talk CARDIO program significantly increased overall use of communication skills and improved overall satisfaction with medical visits. There were also statistically significant positive differences between test and control group patients in skill use and satisfaction in areas related to: listening skills and satisfaction with understanding; partnering skills targeting visit time management and satisfaction with use of visit time; and support skills related to rapport building and satisfaction with interpersonal rapport.

When comparing HCP data pre- and post-Web site visit, data showed statistically significant positive changes in skill use and satisfaction in the following areas: educating and counseling patients; influencing patient adherence behavior; decision making; and building interpersonal rapport. Moreover, HCPs also showed statistically significant positive changes in satisfaction with time management.

**Table 1: Patient Findings (144 Total Participants)**

| Report of Patient Skill Use   | Report of Satisfaction   |
|---|--|
| Overall Use Of LEAPS Skills (P<.002)* <ul style="list-style-type: none"> <li>– Listening and Clarification Skills (P&lt;.035)*</li> <li>– Partnering and Time Management Skills (P&lt;.005)*</li> <li>– Support and Rapport Building Skills (P&lt;.003)*</li> <li>– Assessment Skills Regarding Ability to Follow Recommendations (P=.23)</li> <li>– Educate the HCP About Medical Concerns and Priorities (P=.11)</li> <li>– Partnering Skills in Problem Solving and Shared Decision Making (P=.075)</li> </ul> | Overall Satisfaction With Visit Communication (P<.02)* <ul style="list-style-type: none"> <li>– Satisfaction with Understanding The HCP (P&lt;.03)*</li> <li>– Satisfaction with Visit Time (P&lt;.04)*</li> <li>– Satisfaction with Interpersonal Rapport (P&lt;.01)*</li> <li>– Satisfaction with Ability To Follow Recommendations (P&lt;.01) *</li> <li>– Satisfaction with HCP’s Recognition Of Priorities And Concerns (P&lt;.08 )</li> <li>– Satisfaction with Problem Solving and Shared Decision Making (P&lt;.08)</li> </ul> |

**Table 2: HCP Findings (24 Total Participants)**

| Report of Skill Use   | Report of Satisfaction   |
|---|--|
| Overall use of LEAPS skills (p<.002)*                                 | Overall satisfaction with visit communication (p<.0001)*                         |
| – Education and Patient Counseling Skills (P<.001)*                   | – Satisfaction with Educating and Counseling Patient (P<.000)*                   |
| – Assessment Skills to Influence Patient Behavior (P<.014)*           | – Satisfaction with Ability to Influence Patient Behavior(P<.000)*               |
| – Partnering Skills in Problem Solving and Decision Making (P< .005)* | – Satisfaction with the Process of Problem Solving and Decision Making (P<.000)* |
| – Support and Rapport Building Skills (P<.014)*                       | – Satisfaction with Interpersonal Rapport (P<.007)*                              |
| – Listening Skills for Optimal and Complete History Taking(P<.213)    | – Satisfaction with Quality of Patient History (P<.000)*                         |
| – Partnering and Time Management Skills (P<.328)                      | – Satisfaction with Use of Visit Time (P<.005)*                                  |

\*Statistically significant

**Oregon Health & Science University Evaluation**

**Methodology**

Data was collected at the Oregon Health & Science University with a total of 100 patients (51 intervention and 49 control) and five HCPs. The study objective was to assess the proposed relationship between self-reported behaviors and satisfaction with visit communication that are targeted by the Time to Talk CARDIO Web-based program. Researchers assessed the relationship by testing the six matched subscales that associated self-reported behaviors with satisfaction according to the original theoretical framework upon which Time to Talk CARDIO is based.

**Results**

The research conducted with patients at the Oregon Health & Science University in conjunction with CRI did not show statistical significance in overall change. However, data did show statistically significant improvement in several dimensions of the relationship between self-reported behaviors and satisfaction with patient-HCP communication, including time management and the ability to understand the problem, address concerns, and follow a treatment plan (Table 3).

**Table 3: Patient Findings (100 Total Participants)**

| Report of Skill Use and Satisfaction |                                 |         |
|--------------------------------------|---------------------------------|---------|
|                                      | Amount of change – Total sample | p-value |
| Overall skill use and satisfaction   | 0.42                            | 0.054   |
| – Understanding                      | 0.57                            | 0.016*  |
| – Respond to Agenda and Concerns     | 0.54                            | 0.033*  |
| – Time Management                    | 0.74                            | 0.014*  |
| – Ability to Follow Recommendations  | 0.52                            | 0.033*  |
| – Shared Medical Decision Making     | 0.36                            | 0.161   |
| – Interpersonal Rapport              | 1.18                            | 0.690   |

\*Statistically significant