

Patient Voice

Cullen, T. (2004). The chronicity of chronic disease [a piece of mind]. *The Journal of the American Medical Association*, 291(6), 671-671-672.

This article is a narrative describing a mother and her son's struggles with severe, persistent asthma.

Fowler, F. J., Jr, Gallagher, P. M., Anthony, D. L., Larsen, K., & Skinner, J. S. (2008). Relationship between regional per capita medicare expenditures and patient perceptions of quality of care. *JAMA : The Journal of the American Medical Association*, 299(20), 2406-2412.

doi:10.1001/jama.299.20.2406

This study was designed to evaluate how Medicare beneficiaries' perceptions of their health care are related to per capita expenditures in the regions in which they live. A probability sample of Medicare beneficiaries living in households in the United States was surveyed by a combination of mail and telephone in 2005. Each respondent was allocated to 1 of 5 quintiles, depending on mean age-, sex-, and race-adjusted per capita Medicare expenditures based on Centers for Medicare & Medicaid Services claims data. The survey included questions about perceived unmet need for care, questions about the perceived quality of ambulatory care, and questions rating the perceived quality of overall care. Of the 3840 potentially eligible beneficiaries, 2515 (65%) responded. Per capita expenditures were highly related to receiving more medical care, such as mean number of ambulatory visits to physicians in the past year and more cardiac tests. However, 7 of the 10 measures of perceived quality, including perceived unmet needs for tests and treatment and spending enough time with physicians were unrelated to expenditures, while the overall rating of perceived quality of care was higher in the lower-expenditure areas. The authors conclude that in this representative sample of Medicare beneficiaries, no consistent association was observed between the mean per capita expenditure in a geographic area and the perceptions of the quality of medical care of the people who live in those areas.

Iezzoni, L. I. (2006). Going beyond disease to address disability. *The New England Journal of Medicine*, 355(10), 976-979. doi:10.1056/NEJMp068093

This article addresses the responsibility of the physician to go beyond treating disease to treating disability and how doctors should be taught to fulfill this role.