EFFECT OF PATIENT-CENTERED CARE, SATISFACTION AND SERVICE QUALITY TOWARD REVISIT INTENTION IN SPECIALTY MEDICAL CLINIC IN NORTHERN THAILAND

[1]LERPRAT MANGKORNKANOKPONG, [2]BOONTHAWAN WINGWON, [3]MONTREE PIRIYAKUL

[1]M.D, Ph.D, Lampang Rajabhat University
[2]Ph.D, Ramkhamhaeng University
E-mail: [1]lerpratch@hotmail.com

Abstract - The purpose of this research were (1) to study the importance of the patient-centered care, satisfaction, service quality and revisit intention, and (2) to study effect of patient-centered care, satisfaction and service quality toward revisit intention in specialty medical clinic in Northern Thailand. It is a quantitative research. The sample group consisted of 301 patients who visit the specialty medical clinic in Northern Thailand more than 1 time during 2 years. The research tool was a questionnaire. Data were used descriptive statistics to find percentage, average, standard deviation, and inferential statistics were used multiple regression to analyze with Enter selection technique.The outcomes of research study revealed that all factors were at a high level, of satisfaction, followed by service quality and revisit intention, and the last patient-centered care. The outcomes of multiple regression analysis were that the satisfaction had direct effect toward revisit intention, and followed by service quality had direct effect toward revisit intention, by all factors were significant at 0.01. Patient-centered care had not direct effect toward revisit intention. Thus, this research has resulted in specialty medical clinic operators to develop and improve their services for planning and formulate marketing strategies to satisfaction and service quality. The patient-centered care factors were recommendations by other way effect for further research.

Keywords - Patient-centered Care, Satisfaction, Service Quality, Revisit Intention and Specialty Medical Clinic

I. INTRODUCTION

The Sustainable Development Goals (SDGs), also known as the Global Goals, were adopted by the United Nations in 2015 as a universal call to action to end poverty, protect the planet, and ensure that by 2030 all people enjoy peace and prosperity. Especially, Goal 3 from 17 SDGs is ensure healthy life and promote well-being for all at all ages. Thailand has 3 main health insurance systems including Government/State enterprise Officer (OFC), Social Security Scheme (SSS) and Universal Coverage Scheme (UCS), about 23.8 percent is OFC and SSS. There are too many patients in public hospitals so it is inconvenience and take a long time. Some patients want convenience , reduce waiting time and require treatment from a specific physician. Thus, private hospitals or private clinics is developed to support health service.

About 50 percent of OFC patients and 40 percent of SSS are willing to pay additional expenses in the part that cannot be withdrawn according to the right when they are sick for convenient, faster and better taken care in medical service [1]. Private hospitals are better than public hospitals in welcoming, friendly and faster unless The potential and efficacy of the treatment did not better than public hospital [2]. Public hospital are limitations in the service, such as the lack of coverage of the service area and the difficulty of traveling to get the service [3]. Specialty Medical Clinic is a private clinic that may have only one medical specialist operating on behalf of the clinic owner or run by multiple physicians. It could be a small business that is run as a family business. But if able to manage a professional business may develop into a large enterprise as an alternative to health services for those who can afford to pay for their own medical care.

Revisit or the behavior of service decision-making to repeat the service by word-of-mouth (WOM) is very important to the business. Loyalty is indirectly affected by perceived Corporate social responsibility, via the mediation of trust, identification and satisfaction [4]. Service quality plays a significant role in repurchase intention [5]. From the problems mentioned above it is therefore a study of patient-centered care, satisfaction, and service quality that affect the revisit intention of patients in specialty medical clinic in Northern Thailand in order to meet the needs of patients and to restore and stimulate the specialty medical clinic, which will affect the economy of the country to expand in the future.

II. REASERCH OBJECTIVE

- To study the importance of the patient-centered care, satisfaction, service quality and revisit intention in specialty medical clinic in Northern Thailand.

- To study effect of patient-centered care, satisfaction and service quality toward revisit intention in specialty medical clinic in Northern Thailand.

III. RESEARCH SCOPE

This research covers four areas: (1) variables patient-centered care, satisfaction, service quality and revisit

intention (2) population aspect, namely elderly Thai tourists traveling on cultural tourism in the upper north for 8 provinces, a sample group of 301 people (3) the area is cultural tourism sites in Northern Thailand for 8 provinces provided information (4) time, this research was 1 year from December 2020 - November 2021.

IV. LITERATURE REVIEW

Literature Review. The researcher identified four related variables: 1) Patient-centered care, (2) Sagtisfaction, (3) Service Quality, and (4) Revisit Intention, as follows.

1. Patient-Centered Care

Patient-centered care is a measure of the quality of health care. Understanding the characteristics of PCC facilitates its implementation and measurement. Promoting PCC activities will improve adherence and encourage patient responsibility for health status [6]. Patient-centered care has been studied for several decades. Yet a clear definition of patient-centered care is lacking, as is an understanding of how specific PCC processes relate to patient outcomes. There was stronger evidence for positive influences of patient-centered care on satisfaction and self-management [7]. Patient-centered care is integral to the provision of quality care, promoting positive outcomes for patients, organizations, and healthcare professionals. An operational definition of patient-centered care, including attributes, antecedents, and consequences [8]. Patient-centered care may impact patients' perception of the level of satisfaction and quality of care received [9]. Validation of the patient-centered care scale may be helpful for ensuring quality improvement in hospital settings [10]. Patient-centered care reap a number of financial benefits, including: Reduced length of stay. Lower cost per case. Decreased adverse events. Higher employee retention rates. Reduced operating costs. Decreased malpractice claims. Increased market share [11].

2. Satisfaction

Kotler [12] describes satisfaction as what a customer feels after a purchase, compared to what they expect and the quality of the product. If the result is lower than expected, it will cause dissatisfaction (Dissatisfied Customer) and if the results received meet expected, it will be satisfied (Satisfied Customer) and if the result is higher than expected, it will make an impression (Delighted Customer) as well. Millet [13] describes Service Satisfaction had five component as Equitable Service, Timely Service, Ample Service, Continuous Service and Progressive Service. Therefore, patient satisfaction impact on the quality improvement process of healthcare organizations [14].

3. Service Quality

Service quality is a measure of how an organization delivers its services compared to the expectations of its customers. Service quality has become a major concern for both the hospitals and the patients. The increase in competition coupled with the increased patients' perception of service quality makes it difficult for hospitals to provide services that meet patient satisfaction. Recognition of the importance of service quality is the need of the hour in order to provide better services to the patients [15]. The Service Quality Model or SERVQUAL Model was developed and implemented by the American marketing gurus Valarie Zeithaml, A. Parasuraman and Leonard Berry in 1988. It is a method to capture and measure the service quality experienced by customers with five components- Reliability, Assurance, Tangibles, Empathy, and Responsiveness.

4. Revisit Intention

Revisit intention is defined as an individual's readiness or willingness to make a repeat visit the same destination [16]. Perceived behavioural control, perceived value, destination image and satisfaction significantly affect revisit intention [17]. Patients is considered as Service receiver or Customer from Service provider so the theory of planned behavior is used of revisit intention in hospital or medical clinic. The efficiency of the theory of planned behavior seems to be quite good for explaining intention, perceived behavioral control being as important as attitude across health-related behavior categories [18]. Therefore, from the literature review, the researcher can summarize the concept as follows: Patient-centered care affects the revisit intention. Satisfaction affects the revisit intentio and service quality has an effect on the revisit intention as Fig.1 Conceptual Framework.

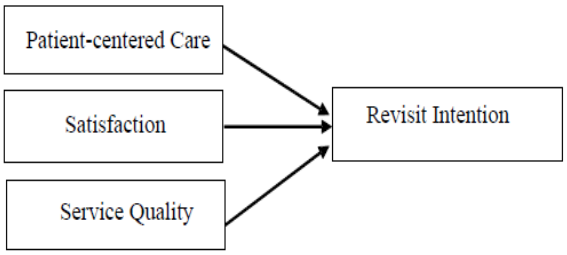


Fig. 1 Conceptual Framework

Study hypothesis

H1: Patient-centered care affects the revisit intention.
H2: Satisfaction affects the revisit intention.
H3: Service quality affects the revisit intention.

V. THE METHODOLOGY

The population is the patients who visit the specialty medical clinic in Northern Thailand more than 1 time during 2 years.There are 8 provinces in Northen Thailand , i.e. Chiang Mai, Chiang Rai, Phrae, Nan, Phayao, Lampang, Lamphun and Mae Hong Son (Provicial Public Health Office,2022). Therefore, the sample size can be calculated from the cochran

sample size formula [19]. The confidence level was 95% and the tolerance level was 5%. The number of samples was obtained. The number was 301 people using Purposive Sampling selected only Thai people who visit the specialty medical clinic in Northern Thailand more than 1 time during 2 years (2020-2021AD) with the screening only who are willing and happy to provide information from the questionnaire.

VI. RESEARCH INSTRUMENTS

The researcher used a questionnaire as a research tool, divided into 3 parts as follows: Part 1: General information about gender, age, educational status, career, average monthly income, how often do you get sick, when you are sick where did you get treatment, who did you visit this specialty clinic with, type of health insurance systems, and type of specialty clinic. Part 2 factors affecting the revisit intention for 4 aspects are (1) Patient-centered care for ten questions. (2) Satisfaction for ten questions. (3) Service quality for ten questions and (4) Revisit intention for ten questions and Part 3 suggestions about specialty medical clinic. The five-level rating scale was applied in accordance with the Likert method [20], which defined five levels of opinion, with the highest being equal to 5 and the lowest being equal to 1. The researcher tested the questionnaire on a sample group who had the same characteristics but they were not the sample group in the analysis study. They were visit the specialty medical clinic more than 1 time during 2 years in Kamphaeng Phet province. Before 50 sets of actual data were collected to measure the alpha coefficient (α-coefficient) following the Cronbach method. In summary, the overall confidence value was 0.83 and the consistency was determined between the question and the objective (IOC: Index of Item-Objective Congruence), with 5 experts having the overall average of 0.83. Reliability of the whole document is equal to 0.8764. Data were collected from August to October 2021 and returned 301 questionnaires according to the target sample appointed. Data analysis, descriptive statistics were used to analyze percentage, mean, standard deviation, and inferential statistics analyzed by Multiple Regression Analysis with importing all variables (Enter Selection) then presents the data in the form of relational independent variables affecting the dependent variable, namely revisit intention.

VII. RESULTS

The researcher presented an overview and summarized the study results as follows.
General information of the 301 patients who responded the questionnaires were found that most of them were female than male. They were aged 30-39 years at the most, followed by age in the range of 20-29 years and the least was 20 years of age and under. Their average monthly income was under 15,000 baht, followed by the average monthly income of 15,000 -25,000 baht, lastly, the average monthly income of 40,000 baht or more. Most of the occupations was employees. Patients who revisit specialty medical clinic were illness 1 time per year at the most, followed by 2-3 times per year. Most patients health insurance system was Social Security Scheme (SSS). They got sick immediately at the most. The most type of specialty medical clinic was Medicine, followed by Ophthalmology, Orthopedic, Pediatric, Otholaryngology, Surgery and Gynecology, respectively.

Factor	Mean	S.D.	Overall rating
1. Patient-centered Care	3.7898	0.66654	The most
2. Satisfaction	3.8738	0.66355	The most
3. Service Quality	3.7934	0.68135	The most
4. Revisit Intention	3.7908	0.69834	The most
Total average	3.81195	0.677445	The most

TABLE I Analysis Results of Mean, Standard Deviation, Opinion Level of Patient-centered Care, Satisfaction, Service Quality and Revisit Intention among Thai patients (n = 301)

From Table 1, it was found that the level of opinion of Thai patients visiting specialty medical clinic in Northern Thailand. All factors were considered at a high level (mean = 3.81195 / SD = 0.677445). The highest mean was satisfaction (mean = 3.8738 / SD = 0.66355), followed by service quality (mean = 3.7934 / SD = 0.68135), revisit intention (mean = 3.7908 / SD = 0.69834), and the aspect with the lowest mean was patient-centered care (mean = 3.7898 / SD = 0.66654), respectively.

Variable	Revisit Intention		t	p-value	Collinearity Statistics	
	Regression coefficient	Standard tolerances			Tolerance	VIF
Constant	0.037	0.109	0.337	0.337		
Patient-centered care	0.082	0.054	1.520	0.129	0.244	4.098
Satisfation	0.626	0.054	11.538	0.000***	0.242	4.131
Service quality	0.269	0.060	4.511	0.000***	0.190	5.257
F = 417.959, p-value = 0.000[b], R=0.898[a], R^2 = 0.806, Adjust R^2 = 0.804						

TABLE II Analysis Results of Multiple Regression with the Method of Importing all Variables (Enter Selection).
***** Statistically significant at the level 0.01**

From Table 2, it was found that the test results of the relationship among three independent variables were satisfaction, and service quality affecting revisit intention ,was statistically significant at the level 0.01. However, patient-centered care was not affect revisit intension of specialty medical clinic in Northern Thailand. In addition, the VIF values of each variable were 4.131, 5.257 and 4.098, respectively, which was less than 10, demonstrating that the independent variables were independent among one another. The results of the multiple regression analysis by the Enter Selection method found that the overall predictable revisit intention of specialty medical clinic could be predicted of Northern Thailand by 80.6 %, with satisfaction influencing the revisit intention of specialty medical clinic in Northern Thailand was the most. The regression coefficient was 0.626 had a standard error of 0.054, followed by the service quality. The regression coefficient was 0.269, the standard error was 0.060 and the last order was the patient-centered care, with the regression coefficient of 0.082 and the standard error was 0.054.

From Table 3, it is found that the results of hypothesis testing in patient-centered care, satisfaction, and service quality of specialty medical clinic are as follows:
Hypothesis 1: Patient-centered care affects the revisit intention. The regression coefficient was 0.082 and the p-value was 0.129. It not supported the hypothesis. No statistically significant.
Hypothesis 2: Satisfaction affects the revisit intention. The regression coefficient was 0.626 and the p-value was 0.000. It supported the hypothesis statistically significant at the level of 0.01.
Hypothesis 3: Service quality affects the revisit intention. The regression coefficient was 0.269 and p-value was 0.000. It supported the hypothesis statistically significant at the level of 0.01.

Research hypothesis	Coefficient Regression	t	p-value	Conclusion
H1: Patient-centered care affects the revisit intention	0.082	1.520	0.129	Not Support
H2: Satisfaction affects the revisit intention	0.626	11.538	0.000***	Support
H3: Service quality affects the revisit intention	0.269	4.511	0.000***	Support

TABLE III Results of Research Hypothesis Test
***** Statistically significant at the level 0.01**

VIII. CONCLUSIONS

The results of the research were as follows: Patients visiting specialty medical clinic in Northern Thailand have more female than male. They were in the range of 30-39 years. Their average monthly income was 15,000 baht and under. Most of them revisit specialty medical clinic despite they have Social Security Scheme (SSS) health insurance system. They got sick immediately at the most

A. Objective 1

Opinion of patient-centered care, satisfaction, service quality, and revisit intention in 4 variables of patients among specialty medical clinic in Northern Thailand. The descending result is as follows:

- In terms of patient-centered care, there was a high level of opinion because it collaborated between patients and healthcare team , respect to the value patients, focus on choice of treatment that patients needed. It will help improve the

efficacy of care and patient satisfaction. This relates to the research by Rosen and Hoang [21] who emphasizes the health professional's role in caring for patients as unique individuals by focusing on patients' psychological and social realities as well as their biological needs. The text concerns itself with caring for the whole patient, and outlines the basic principles (acceptance, empathy, conceptualization, and competence) involved in developing a biopsychosocial approach to medical practice.

- Satisfaction had a high level of opinion the first because of reflecting on patient expectations and needs by responding to communication, familiarization and providing information related to the disease including providing good service during the service. This is related to the research that patient satisfaction is an important measure of the quality of health care and is used as an outcome measure in interventional and quality improvement studies[22]. Careful consideration of measurement goals and purposes is necessary when selecting a PSD measure [23] that consist of (1) Communication Attributes; (2) Relational Conduct; (3) Technical Skill/Knowledge; (4) Personal Qualities; and (5) Availability/Accessibility.
- Service quality had a high level of opinion because providing good service quality would make the patient more satisfied and return to use the service. Especially the private hospital or clinic, it will give a competitive advantage in the business.This is consistent with Itumalla, Acharyulu & Shekhar [15] that Service quality has become a major concern for both the hospitals and the patients. The increase in competition coupled with the increased patients' perception of service quality makes it difficult for hospitals to provide services that meet patient satisfaction. The relationships between service quality and satisfaction are also clarified that affect purchase intentions in hospital setting [24].
- Revisit intention aspect had a high level of opinion, which was positive feelings of patients impressed with the friendliness and good service of the doctors and the staff of the clinic. Usually no one wants to get sick. If you have a normal life, they will recommend relatives or people to use the services at this private clinic instead.It is consistent with information from Park et al. [25] who conclude that Providing accurate medical services to inpatients based on smooth communication between doctors and patients improves patient satisfaction. In addition, doctors can build long-term relations with patients by increasing patients' intention to revisit through patient-oriented communication.

B. Objective 2

Study patient-centered care, satisfaction and service quality affecting the revisit intention of specialty medical clinic in Northern Thailand.

It can be analyzed that satisfaction has an effect on the revisit intention of specialty medical clinic, supporting the hypotheses from American Customer Satisfaction Index (ACSI) that high customer satisfaction correlates to better company financial performance. It would have the most effect on customer loyalty. This is consistent with the research by Kim et al. [26] who concluded that treatment effectiveness and satisfaction both positively influenced intent to revisit and it relates to the research by Devaraj, Matta and Conlon [27] which concludes that when tourists are satisfied, word-of-mouth occurs and more importantly, makes the service recipient loyal to that place. Service quality affects revisit intention of specialty medical clinic. It supported according to the hypothesis because Service quality [28] is a comparison of perceived expectations (E) of a service with perceived performance (P), giving rise to the equation SQ=P-E. A business with a high level of service quality is likely capable of meeting customer needs while also remaining economically competition. This correlates with Hsu's research [29] that word-of-mouth (WOM) intentions provides crucial business implications for teaching hospitals to enable them to improve their service quality and achieve a sustainable operation.

Patient-centered care had not direct effect toward revisit intention of specialty medical clinic. However , Previous study shows importance of patient-centered care. Patient-centered care is respectful of and responsive to individual patient preferences, needs, and values [30]. Patient-centered care results in improved care processes [31] and health outcomes, including survival [32]. Patient-centered communication influences patients' health through perceptions that their visit was patient centered, and especially through perceptions that common ground was achieved with the physician. Patient-centered practice improved health status and increased the efficiency of care by reducing diagnostic tests and referrals [33].

SUGGESTION

A. Suggestions to Apply

Findings from research, to retain and attract patients to revisit specialty medical clinic should focus on raising the level satisfaction and service quality. It also helps to develop the local economy for the better.

B. Suggestions for Research

The research team would like to suggest issues for the next research as follows.

According to literature review, we found that patient-centered care is one of important factor to revisit intention. However, the result of the research shows

patient-centered care had not direct effect toward revisit intention. Therefore, there should identify by other way such as mediating effect or moderating effect in the patient-centered care outcome relationship to further research.

REFERENCES

[1] Thira Woratanarat, Primary Care Services System in Urban Setting: Case Study in Bangkok Area. 2016

[2] Sanjay. B. , Jason, A. , Sandeep, K. , Panjabi, R. , Stuckler, D. (2012). Comparative Performance of Private and Public Healthcare Systems in Low- and Middle-Income Countries: A Systematic Review. PLoS Med, 9(6), 1-14

[3] Amporn Chantawibul, natthapan Khechoranan Enhancing Employee Commitment through Applying Organization Culture:A Research on Private Hospital in Bangkok. Suan Dusit Graduate School Academic Journal. 2013; 9(2):161-169

[4] Patricia, M., & Ignacio, R. B. (2013). CSR and customer loyalty: The roles of trust, customer identification with the company and satisfaction. International Journal of Hospitality Management , 89–99

[5] Changsu, K., Galliers, R., Shin, N., Ryoo, J.-H., & Kim, J. (2012). Factors influencing Internet shopping value and customer repurchase intention. Electronic Commerce Research and Applications, 11(4), 374-387.

[6] Robinson, J. H., Callister, L. C., Berry, J. A., & Dearing, K. A. (2008). Patient-Centered Care and Adherence: Definitions and Applications to Improve Outcomes. Journal of the American Academy of Nurse Practitioners, 20(12), 600-607.

[7] Rathert, C., Wyrwich, M. D., & Boren, S. A. (2013). Patient-centered care and outcomes: a systematic review of the literature. Medical Care Research Review, 70(4), 351-379.

[8] Lusk, J. M., & Fater, K. (2013). A concept analysis of patient-centered care. Paper presented at the Nursing forum.

[9] Wolf, D. M., Lehman, L., Quinlin, R., Zullo, T., & Hoffman, L. (2008). Effect of patient-centered care on patient satisfaction and quality of care. Journal of nursing care quality, 23(4), 316-321.

[10] Lee, Y. M., Song, J.-E., Park, C., & Son, Y.-J. (2019). Psychometric evaluation of the Korean version of patient-centered care scale for hospital nurses. Evaluation the Health Professions, 42(3), 344-365.

[11] Charmel, P. A., & Frampton, S. B. (2008). Building the business case for patient-centered care: patient-centered care has the potential to reduce adverse events, malpractice claims, and operating costs while improving market share. Healthcare Financial Management, 62(3), 80-86.

[12] P. Kotler. Marketing management (11th ed.). Upper Saddle River, 2003. New Jersey : Prentice-Hall.

[13] Millet, J. D. (1954). Management in the Public Service. New York : McGraw-Hall: Book Company, Inc.

[14] Al-Abri, R., & Al-Balushi, A. (2014). Patient satisfaction survey as a tool towards quality improvement. Oman medical journal, 29(1), 3.

[15] Itumalla, R., Acharyulu, G., & Shekhar, B. R. (2014). Development of hospitalqual: a service quality scale for measuring in-patient services in hospital. Operations Supply Chain Management: An International Journal, 7(2), 54-63.

[16] Tosun, C., Dedeoğlu, B.B. and Fyall, A. (2015), "Destination service quality, affective image and revisit intention: the moderating role of past experience", Journal of Destination Marketing and Management, Vol. 4 No. 4, pp. 222-234.

[17] Ghazanfar Ali Abbasi; Janani Kumaravelu; Yen-Nee Goh; Karpal Singh Dara Singh. (2021). Understanding the intention to revisit a destination by expanding the theory of planned behavior (TPB). Spanish Journal of Marketing - ESIC; Bingley, 25(2), 282-311.

[18] Godin, G., & Kok, G. (1996). The theory of planned behavior: a review of its applications to health-related behaviors. American journal of health promotion, 11(2), 87-98.

[19] W. G. Cochran. Sampling techniques. 2007, New York: John Wiley & Sons, pp.89-110.

[20] R. N. Likert. A technique for the measurement of attitude. Attitude Measurement. 1970, Chicago: Ronal McNally & Company, p.275.

[21] Rosen, D. H., & Hoang, U. B. (2017). Patient-centered Medicine: A Human Experience: Oxford University Press.

[22] Barnett, S. F., Alagar, R. K., Grocott, M. P., Giannaris, S., Dick, J. R., & Moonesinghe, S. R. (2013). Patient-satisfaction measures in anesthesia: qualitative systematic review. Anesthesiology, 119(2), 452-478.

[23] Boquiren, V. M., Hack, T. F., Beaver, K., & Williamson, S. (2015). What do measures of patient satisfaction with the doctor tell us? Patient Education Counseling, 98(12), 1465-1473.

[24] Li, S. J., Huang, Y. Y., & Yang, M. M. (2011). How and when service quality andsatisfaction simultaneously influence purchase intentions? Leadership in Health Services, 24(2), 91-105.

[25] Park, S., Kim, H.-K., Choi, M., & Lee, M. (2021). Factors affecting revisit intention for medical services at dental clinics. PloS one, 16(5), e0250546.

[26] Kim, C. E., Shin, J.-S., Lee, J., Lee, Y. J., Kim, M.-r., Choi, A., . . . Ha, I.-H. (2017). Quality of medical service, patient satisfaction and loyalty with a focus on interpersonal-based medical service encounters and treatment effectiveness: a cross-sectional multicenter study of complementary and alternative medicine (CAM) hospitals. BMC complementary alternative medicine, 17(1), 1-12.

[27] S. Devaraj, K. Matta and E. Conlon. Product and service quality: The antecedent of customer loyalty in the automotive industry. 2009, Production and Operations Management, Vol.10, No.4, pp.424-439.

[28] Lewis, R.C. and Booms, B.H., 1983. The marketing aspects of service quality. Emerging perspectives on services marketing, 65(4), pp.99-107.

[29] Hsu, L. C. (2018). Investigating effect of service encounter, value, and satisfaction on word of mouth: An outpatient service context. International journal of environmental research public health, 15(1), 132.

[30] Institute of Medicine (US) Committee on Quality of Health Care in America. Crossing the quality chasm: a new health system for the 21st century. Washington, DC: National Academies Press; 2001.

[31] Greenfield S, Kaplan SH, Ware JE Jr, Yano EM, Frank HJ. Patients' participation in medical care: effects on blood sugar control and quality of life in diabetes. J Gen Intern Med 1988 Sep-Oct;3(5):448-57.

[32] Meterko M, Wright S, Lin H, Lowy E, Cleary PD. Mortality among patients with acute myocardial infarction: the influences of patient-centered care and evidence-based medicine. Health Serv Res 2010 Oct;45(5 Pt 1):1188-204.

[33] Stewart M, Brown JB, Donner A, et al. The impact of patient-centered care on outcomes. J Fam Pract 2000 Sep;49(9):796-804.

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