the common care provider (r(177) = 0.43, p < 0.001), but not with expectations for MUS improvements (r(175) = 0.05, p = 0.55). CONCLUSIONS: Our findings indicate that addressing perceptions of disagreement (and potentially actual disagreement) with the provider will be an important intervention target, but that veterans’ expectations for improvement and therefore potentially their actual improvement may be difficult to change.

PHS9
ESTIMATING LONG-TERM FUNCTIONAL IMPAIRMENTS OF RHUMATOID ARTHRITIS: INTEGRATION OF NATIONALWIDE SURVIVAL WITH HEALTH ASSESSMENT FROM CLINICAL COHORT
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OBJECTIVES: The lifetime functional impairments associated with rheumatoid arthritis (RA) have received little attention in the literature. This study determines the dynamic changes of different physical functional impairments over time and the factors that influence these changes. For this purpose, we used a cohort consisting of 39,455 incident RA patients in Taiwan between 1998 and 2009 to estimate the survival functions and extrapolate to lifetime through a semi-parametric method. The Health Assessment Questionnaire Disability Index (HAQ-DI) was used to measure impairment items and levels in 394 consecutive patients at three clinics for the period 2011-2012. A HAQ-DI score over 1.5 was considered as suffering from severe disability. Lifetime functional impairments were obtained by extrapolating the gender and age-stratified survival functions to lifetime, and then multiplying them with the proportions of different kinds of functional impairments over time. RESULTS: On average, RA patients had 5.40, 15.05, and 2.36 years with no, moderate, and severe disability, respectively. In RA patients diagnosed at the ages of <50, 50-64, and ≥65 were expected to have 23.02, 15.03, and 8.46 years living with disabilities, which would be about 76.1%, 75.3% and 77.7% of his/her life expectancy, respectively. A higher proportion of females suffered from functional disabilities than males, at 87.8% and 59.2%, respectively. The most common functional impairments were reach and grip. CONCLUSIONS: RA patients suffer from functional disabilities over three-fourths of their remaining lifetime, and are in need of long-term care.

PHS9
PATIENTS’ PERCEPTIONS OF PHYSICIANS’ CARING ATTITUDE IS THE CRITICAL FACTOR IN DETERMINING PATIENT SATISFACTION
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OBJECTIVES: Data from a cross-sectional survey on the ratings of physicians’ caring attitudes and covariates were used to describe physicians’ attitudes and patients’ satisfaction using the recent web-based survey data. METHODS: Data were collected from a cross-sectional survey of 2,788 adult patients at 30 different primary care facilities, with the overall average score of 0.06. The public health facility scored the lowest (overall score of -0.09) and the private scored -0.03. In both facilities and overall, tangibles were rated worst (overall score of -0.16) and responsiveness was rated best. Drug shortages were frequent, and caused dissatisfaction. Additionally, both long waiting times to get an appointment to see physicians and to see physicians after arriving at the office were highly correlated with lower patients’ satisfaction with their physicians (p = -0.26, p < 0.001 and p = -0.32, p < 0.01, respectively). CONCLUSIONS: There is a strong relationship between perceptions of physicians’ friendliness/caring and patients’ satisfaction. Empathy skills can be significantly increased after taking targeted educational programs. To facilitate patients’ satisfaction with health care a continuous effort to develop empathetic ability of physicians should be undertaken so that patients perceive their empathic physicians.

PHS9
THE IMPORTANCE OF METHODOLOGY IN REPORTING PERFORMANCE INDICATORS
Chen M
OBJECTIVES: The aim of this research is to use two public reporting methods to compare their effects on hospital performance. The objective of the study is to assess the extent to which a hospital performance rating system may be used as a basis of comparison for different public reporting methods. The findings may help to determine the factors that underlie the relationship between the outcome measure (patient satisfaction score) and volume of cases across disparate facilities when evaluating institutional performance. Allowances are made in a multitude of ways to evaluate hospital results on patient satisfaction in ED. A standard approach sets a target to gauge hospital performance. Values above the target/benchmark meet or exceed expectations, while those institutions below the target may consider initiatives and programs to improve their patient satisfaction scores. An alternative method is the use of funnel plots that assess the relationship between the outcome measure (patient satisfaction score) and volume of cases across disparate facilities when evaluating institutional performance. Allowances are made in a multitude of ways to evaluate hospital results on patient satisfaction in ED. CONCLUSIONS: From April 2010 to March 2011, 99 Ontario hospitals reported

PHS90
THE CLIENTS’ VOICE: SATISFACTION WITH HIV/AIDS CARE IN A PUBLIC AND PRIVATE HEALTH FACILITY IN KABALE DISTRICT, UGANDA
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OBJECTIVES: We used 121,218 people were on Antiretroviral therapy, which was 40% of all persons eligible for it then. Despite increasing availability and accessibility to HIV/AIDS care services, little information is available on clients’ thoughts about the services. This cross-sectional study was done to determine client satisfaction with quality of HIV/AIDS care services in a public and a private health facility in Kabale district, south western Uganda. METHODS: 216 client exit interviews were conducted in two clinics in Kabale district, south western Uganda using the SERVQUAL tool. Data were analyzed by looking differences in mean scores between clients’ expectations and perceptions. Pair t-tests and chi-square tests were done. RESULTS: Clients were dissatisfied with HIV/AIDS care in both health facilities, with of -0.06. The public health facility scored -0.09 and the private scored -0.03. In both facilities and overall, tangibles were rated worst (overall score of -0.16) and responsiveness was rated best. Drug shortages were frequent, and caused dissatisfaction. Additionally, both long waiting times to get an appointment to see physicians and to see physicians after arriving at the office were highly correlated with lower patients’ satisfaction with their physicians (p = -0.26, p < 0.001 and p = -0.32, p < 0.01, respectively). CONCLUSIONS: The findings suggested that the quality of HIV/AIDS care in Kabale was lacking. They indicate that managers and policy makers need to pay more attention to it, especially physical facilities, equipment, ability of service providers to perform the service accurately, and drug shortages. Future research can be done on a larger scale within the district and beyond.

PHS91
LEAN "INFLOW" CHANGE MAY IMPROVE PRIMARY CARE PATIENT SATISFACTION: A PILOT STUDY
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OBJECTIVES: This study examines the impact of Lean “inflow” change on patient satisfaction at a primary care pilot clinic location of a large, multispecialty health care provider in Northern California undergoing system-wide transformation. METHODS: The health care provider serving 2+ million patients has invested a significant amount of resources in Lean management to transform the way primary care is delivered. The Press Ganey (PG) outpatient survey was used. The monthly PG score, covering a two-year period, compared pre and post-implemention of Lean in the pilot site relative to two comparison sites. Monthly site differences between pilot and comparators in median PG scores were calculated as the dependent variable. Segmented regression with a breakpoint at the start of the intervention was used to assess linear change, adjusting for pre-post interaction. RESULTS: Relative to comparator 1, there was a significant trend post Lean implementation of 0.2 percentage point per month (p < 0.002) in pilot site Internal Medicine and 0.1 percentage point per month (p = 0.004) in pilot site Pediatrics. There was no significant trend post Lean implementation of 0.1 percentage point per month (p > 0.001) in pilot site Family Medicine and Pediatrics relative to comparator 2. Besides, there was an immediate and 2 percentage points (p < 0.001) increase in pilot site relative to comparator 2 at the interventions. CONCLUSIONS: Lean “inflow” changes had improved patient satisfaction in pilot site Pediatrics by 1.9 and 7.5 percentage points relative to two comparators, respectively. Patient satisfaction in pilot site was estimated to increase by 2.7 percentage points relative to comparator 1 for Internal Medicine and 7.6 percentage points relative to comparator 2 for Family Medicine after Lean was implemented, based on the trend of site differences in the preceding year. Overall, Lean “inflow” change seemed to improve primary care patient satisfaction.

PHS9
BELIES IN THE EFFECTIVENESS OF SMOKING CESSATION INTERVENTIONS AMONG MALE SAUDI COLLEGE STUDENTS
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OBJECTIVES: Several pharmacological and behavioral interventions have been implemented to help smokers with smoking cessation efforts. However, smoking still persists as there may be a lack of belief in the effectiveness of these interventions. This non-experimental cross-sectional study was to determine the effect belief in the effectiveness of smoking cessation interventions among male Saudi college students. METHODS: A non-experimental cross-sectional study of male Saudi college students using the Internet. Given these, there is need to evaluate the relationship between beliefs in the effectiveness of smoking cessation interventions among male Saudi college students. CONCLUSIONS: The findings indicate that the effectiveness of smoking cessation interventions, such as socio-demographics, academic performance, and status of smoking. Beliefs about cessation medications and other non-pharmacological cessation programs were assessed via a pre-validated Likert scale. Data was collected between December 2011 and January 2012. Descriptive and regression analyses were conducted. RESULTS: A total of 337 surveys were received (response rate of 36.6%). Among 219 respondents, 88 were self-identified smokers. The average age of respondents was 22.6 (±2.2) years.