

PROFESSION

Almost half of preventive services not offered during checkups

Patients often bring up other medical concerns and cut short the time devoted to meeting prevention guidelines.

By KEVIN B. O'REILLY, amednews staff. Posted Feb. 8, 2012.

The annual checkup is geared toward doing a physical exam, taking a patient's history and using the opportunity to deliver counseling or other preventive services that might be difficult to squeeze in during other office visits.

Yet even during these encounters, patients are nearly as likely to miss out as they are to receive guideline-based prevention, says an *American Journal of Preventive Medicine* study published in February (www.ncbi.nlm.nih.gov/pubmed/22261213/).

Researchers audio-recorded 284 annual-checkup visits to 64 Detroit-area general internists and family physicians from 2007 to 2009. They also examined patient records for the preceding five to 10 years and surveyed patients to determine if they were eligible or due for 19 items recommended by the U.S. Preventive Services Task Force and the Advisory Committee on Immunization Practices.

Patients were due for an average of 5.5 preventive services such as cholesterol screening, obesity counseling or pneumococcal vaccination. In all, 54% of the services due were recommended or delivered by the doctors studied. And only 12% of patients received each of the preventive services for which they were due at the time of the visit.

The 54% rate of prevention-delivery is not bad, considering the financial and time pressures primary care physicians face, said Jennifer Elston Lafata, PhD, who co-wrote the study.

"If you put it into context and you think about how little the incentives and the structure of the U.S. health system support prevention, it's probably a pretty good rate," said Lafata, co-leader of the Cancer Prevention and Control program at the Virginia Commonwealth University Massey Cancer Center in Richmond. "You have to remember that a 100% rate is likely not feasible or even desirable, once you consider patient preferences and medical needs."

Patients who bring up other medical concerns are less likely to get all the preventive services they are due, Lafata said. The preventive service most likely to be recommended or delivered was colorectal cancer screening, with a 93% rate. Aspirin-use counseling was the least likely to occur, as physicians offered the advice just 18% of the time it was due. The patients studied ranged from 50 to 80 years old.

Time for prevention?

The visits lasted an average of 27 minutes. Although longer visit length was correlated with greater delivery of preventive care, the effect hit a plateau after the half-hour mark. Previous research, cited in the study, has estimated that physicians would need 7.4 hours a day to meet all the U.S. Preventive Services Task Force's recommendations with a patient panel representative of the nation's population.

Approaches such as team-based care, the medical home and automated mail and phone reminders to patients are likeliest to boost prevention, Lafata said.

"There are lots and lots of competing demands out there and limited time for primary care physicians to meet them," she said. "We're going to need to rely on things that aren't face-to-face office visits to make sure that patients get the evidence-based preventive services that are recommended."

Preventive care may be lacking

Patients who are eligible and due for preventive care such as flu shots, tobacco-cessation counseling or colorectal cancer

screening get about half of these services delivered or recommended at annual checkups with primary care physicians. A breakdown of care delivery, by type of preventive service:

Preventive service	Delivered
Screening	73.2%
Counseling	45.0%
Immunizations	33.8%

Source: "Prioritization of Evidence-Based Preventive Health Services During Periodic Health Examinations," *American Journal of Preventive Medicine*, February (www.ncbi.nlm.nih.gov/pubmed/22261213/)

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