Promote Prevention With Office-Based Strategies

A nurse or staff member can provide resources and encouragement to patients ready to make changes.

BY HEIDI SPLETE
Senior Writer

WASHINGTON — "The art and science of behavior change asks physicians to accept delayed gratification," David Katz, M.D., said at the annual meeting of the American College of Preventive Medicine.

Promoting behavior change in a clinical setting is a multidisciplinary task. Time constraints are a major concern, and overworked physicians spend most of their time on problems with immediate solutions, such as treating the infection or managing an acute injury, said Dr. Katz, a nutrition and preventive medicine specialist at Yale University, New Haven.

That said, physicians can experiment with office-based strategies including exam room posters, preappointment questionnaires, and the use of a dedicated staff member to provide in-depth counseling on prevention, according to several physicians and behavioral experts who spoke at a workshop at the meeting.

Although primary care physicians can initiate conversations about preventive medicine, it isn't reasonable for them to be completely up to date on what communities offer as support programs for increasing physical activity, losing weight, or quitting smoking, said Karen Eden, Ph.D., of Oregon Health and Science University, Portland.

But a nurse or other staff member can be trained to keep track of local resources, and to provide information and encouragement to a patient who expresses interest in finding out about a local Weight Watchers or a walking club.

Alternatively, a patient may be referred to someone in the community or in the medical facility, who serves as a contact person for all the patients in a medical practice. For example, Dr. Eden mentioned a health system in Portland, Ore., that uses a dedicated health educator.

Larry Dickey, M.D., of the California Department of Health Services, shared the Staying Healthy Assessment, a 20-item questionnaire developed by his department that is now standard for Medicaid patients in California. (See box.) The questionnaire is either mailed to the patient prior to the visit or given in the waiting room.

Pilot studies with the questionnaires show that they were well received by patients. Use of the questionnaires triggered doctors to provide brief preventive medicine counseling, but formal evaluations are pending. To view the questionnaires for all age groups in PDF form, visit www.dhs.ca.gov/ps/ocpm/html/staying%20healthy.htm.

Dr. Scott Gee, a pediatrician who serves as director of prevention and health information at Northern California Kaiser Permanente, reported success with exam room posters and computer-generated office visit reminders.

His exam room posters, designed by Kaiser Permanente, include such topics as "How ready are you to eat more vegetables?" on a scale of 1-10; how much TV children watch and where; and what types of activities equal moderate exercise.

"I was initially skeptical of the exam room posters," he said. "But the patients actually look at them, and they are arguing about it when you come into the exam room, especially about getting the TV out of the bedroom."

In addition, Dr. Gee's Kaiser facility, the Pleasanton Pediatrics Group in Livermore, Calif., uses computer-generated office visit reminders that include "preventive health prompts" for tests that are due, such as blood pressure checks and childhood immunizations.

When a Kaiser patient comes in, he or she receives a printout that shows what services, if any, they need at that time, Dr. Gee explained. The printout is risk adjusted, with the immediate items at the top of the list, and upcoming tests or immunizations listed further down. "This has had a huge impact on compliance," he said. Mothers have reaped the greatest benefits, since they have to manage their children's care as well as their own, he noted.

In the end, preventive medicine must still battle for time in an office visit, despite the best laid plans of primary care physicians, Dr. Gee acknowledged. "We want physicians to focus on behavior, but we don't want them to forget about the other things." ■

Play 20 Questions About Health

The following questions are excerpted from a questionnaire given to all Medicaid patients in California, with answer choices of "yes," "no," or "skip."

1. Do you receive health care from anyone besides a medical doctor, such as an acupuncturist, herbalist, curandero, or other healer?
2. Do you see the dentist at least once a year?
3. Do you drink milk or eat yogurt or cheese at least three times each day?
4. Do you eat at least five servings of fruits or vegetables each day?
5. Do you try to limit the amount of fried or fast foods that you eat?
6. Do you exercise or do moderate physical activity such as walking or gardening 5 days a week?
7. Do you think you need to lose or gain weight?
8. Do you often feel sad, down, or hopeless?
9. Do you have friends or family members who smoke in your house?
10. Do you often spend time outdoors without sunscreen or other protection such as a hat or shirt?
11. Do you smoke cigarettes or cigars or use any other kinds of tobacco?
12. Do you use any drugs or medicines to go to sleep, relax, calm down, feel better, or lose weight?
13. Do you often have more than two drinks containing alcohol in 1 day?
14. Do you think you or your partner could be pregnant?
15. Do you think you or your partner could have a sexually transmitted disease?
16. Have you or your partner(s) had sex without using birth control in the last year?
17. Have you or your partner(s) had sex with other people in the past year?
18. Have you or your partner(s) had sex without a condom in the past year?
19. Have you ever been forced or pressured to have sex?
20. Have you ever been hit, slapped, kicked, or physically hurt by someone?

Do you have other questions or concerns about your health? (Please identify.)

Source: State of California Office of Clinical Preventive Medicine

Pending Cuts to Medicaid Program Lamented

BY LISE STEVENS
Contributing Writer

NEW YORK — As Congress contemplates cuts to Medicaid, legislators are placing in peril the overarching goals of the program in covering low-income, disabled, and older Americans in favor of expeditious budget cuts, James R. Tallon Jr., president of the United Hospital Fund of New York, said at a meeting sponsored by the New York Academy of Medicine.

"Congress has moved to address Medicaid in terms of budget reconciliation, in terms of $10 billion in federal savings over 5 years," Mr. Tallon explained. "Here's the question: Is it right to take this step toward repealing a major building block of the 20th-century domestic policy to pass a budget resolution? Is it right to change fundamentally America's largest health care program under expedited reconciliation of procedures? Congress seems headed in that direction."

According to the Department of Health and Human Services, Medicaid covers 41 million Americans; that number has grown steadily in recent years. The number of uninsured Americans is projected to grow to 56 million by 2013. National health spending continues to soar as well, from $1.7 trillion in 2003 to a projected $3.4 trillion in 2013, Mr. Tallon said.

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MR. TALLON

"There is no doubt we're going to hear a lot of personal responsibility rhetoric. Before this is over, you're going to hear the program ridiculed, you're going to hear beneficiaries demonized, and you will be assured that all of this is for our own good. If other congressional debates are a guide, there will also be a lot of misinformation brought in," he said.

Other forces are driving the proposed cuts as well, Mr. Tallon said. Among them are rewriting Medicaid regulations through a waiver process to shift responsibility away from Washington and to shift administration of Medicaid programs to private insurance companies.

Medicaid is the workhorse of the American health care system, Mr. Tallon said. It was designed to provide health benefits for low-income children and adults; to provide comprehensive coverage to disabled beneficiaries who do not have access to other health insurance, including Medicare; and to supplement Medicare for the elderly and disabled who need long-term care, who exceed the benefit limit for acute care services, or who cannot afford Medicare.

"In our current economy, we are off track," Mr. Tallon said. "We face major risks from Washington—the long-term objectives of some are simply to limit the federal financial burden and to shift to states the cost of the uninsured and of Baby Boomers' long-term care. The consequences of the current debate will be with us for decades."

The current proposals for cutting Medicaid are not viable because there is no alternative to Medicaid for the populations it serves, he said. "There is no private sector alternative to health insurance for the poor. The insurance industry does not serve this market," Mr. Tallon said.

"There is no private insurance market for high-cost, chronically ill, or disabled individuals. Before Medicaid, this was a state responsibility," he added. ■