

What do patients want?

- 62% want a PHE (older research – 90%)
- Almost all (>90%) want diet, exercise, smoking talk
 - Two thirds want to talk about sexual health or seatbelts

Physical	Percent	Test	Percent
BP	99%	Urinalysis	50-78%
Heart & Lung	99%	Cholesterol	63-92%
Reflex testing	95%	Glucose	43-89%
Abdominal exam	93%	PSA	67-90%
Prostate exam	91%	FOB	44-58%
Breast Exam	89%	Mammogram	68-71%
Pap smear	78%	Pap	75%

Ann Intern Med. 2002;136:652-659.J Fam Pract. 1984 Aug;19(2):191-5.

What do doctors think?

- Survey of 783 US Primary care doctors (47% of 1679)
- 65% felt PHE necessary & 78% felt wanted by pts
- PHE improves the Doctor-Patient relationship 94%

- 74% felt PHE detected subclinical disease
- 63% felt PHE had proven value

Include	Percent
Glucose	46%
Lipid Panel	48%
CBC	39%
Urinalysis	44%
TSH	21%
ECG	6%

Arch Intern Med. 2005;165:1347-1352

Okay, but does it make sense



Is there time Preventive Services?

- Following US Preventive Task Force Based on Patient for big panel (2500),....
 - 7.4 hours a day.
 - Even smaller panel like ~1250, would still be half a work-day ever day.

1) Am J Public Health. 2003;93(4):635-41.

Potential Harms of Screening

1. Over-diagnosis,
2. Overtreatment,
3. Distress or injury from invasive follow-up tests,
4. Distress due to false positive test results,
5. False reassurance due to false negative test results,
6. Possible continuation of adverse health behaviours due to reassuring test results,
7. Adverse psychosocial effects due to labeling,
8. Difficulties with getting insurance.

BMJ 2012;345:e7191

How are we doing,...?

55 y.o. healthy woman Tests ordered by Colorado MD	
Test	% Ordered
CBC	67%
Urinalysis	55%
TSH	57%
ECG	30%

Templates no better

55 y.o. healthy woman Tests ordered by Canadian FM Residents	
Test	% Ordered
CBC	77%
Urinalysis	30%
TSH	48%
ECG	19%
Bone Mineral Density	32%

Am J Prev Med 2007;32(1):59–62. & Fung et al, Can Fam Physician 2014 in-press.

Does the PHE work?

- 3 systematic reviews have looked at this
- Best: 14 RCT (182,880pts), x1-22 yrs
 - Good methods, good description of studies, etc.
- Result: Total mortality Risk Ratio 0.99 (0.95-1.03)
 - CVD mortality: 1.03 (0.91-1.17)
 - Cancer mortality: 1.01 (0.92-1.12)
 - Other outcomes (e.g. CVD): No better.
- So, General Internal Med (US) “Choose Wisely” state “Don’t Perform Routine General Health Checks for Asymptomatic Adults.” (Rec #2)

BMJ 2012;345:e7191. <http://www.choosingwisely.org/doctor-patient-lists/society-of-general-internal-medicine/>

Is the research believable?

- Lots of issues:¹
 - Half had only 1 round of screening,
 - ≥80% cholesterol screening but ⅓ too old for statins
 - Only ~20% had Cancer screening.
- Other studies: 2 Systematic review
 - What’s Good: PAP, Colon Ca screen, & Cholesterol (?)²
 - Reduced “High risk” markers, few statistically significant
 - Tot Chol (0.63, 0.50-0.79) & DBP (0.63, 0.53-0.74)³
- Bottom-Line: Still not great, research does not mirror practice but not clear that absolutely does not work.

1) BMJ 2012;345:e7191 2) Ann Intern Med. 2007;146:289-300. 3) Health Care Financ Rev. 1999;20(4):25-43.

Summing up: General PHE

- 1) PHE research has not been great and it is not clear it works or does not work.
 - 2) There are risks to screening & it takes a lot of time.
 - 3) Patients want “Annual Physical” with lots of Px/ tests
 - 4) Most doctors want to do PHEs and we frequently over order
- Bottom-Line: If you are going to do PHEs, focus on what works, find some common-ground with patients, minimize extra tests.