

Recommended services not always given during patients' annual exams

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New research finds that patients may not always receive all of the screening tests and counseling services that are due during their medical checkups.

According to a study, appearing in the upcoming issue of [American Journal of Preventive Medicine](#), more than 20 percent of U.S. [adults](#) visit their [physicians](#) each year for periodic health examination (PHEs)—an office visit intended for routine physicals and screenings and discussions about risk factors and lifestyle habits. Of the preventive health services due during the PHEs studied, just over half were either recommended or delivered to patients.

“Given how little the incentives and structure of the U.S. health care

system support prevention, we considered this percentage impressive,” said author Jennifer Elston Lafata, Ph.D., professor of social and behavioral health at Virginia Commonwealth University. “What does and does not happen during a physician office visit is due to a mix of factors, including what the patient needs and wants to address. ”

The researchers captured audio recordings of 484 office visits by patients between the ages of 50 and 80 by 64 primary care physicians over a 2-year period in southeast Michigan. The goal was to see how often physicians delivered 19 national guideline-recommended preventive services, such as [screening tests](#) for cancer and hypertension, counseling on tobacco and alcohol use, and immunizations to patients who were eligible and due.

Of the 2,662 services due during those visits, 54 percent were delivered. Those most likely to be given were screening tests for colorectal cancer (92.9 percent), hypertension (92 percent), and breast cancer (88.9 percent).

“I believe with the widespread use of electronic health records and new delivery models of care we can increase the percentage,” said Charles Cutler, M.D., a practicing internist in Norristown, Pa. “Team-based care with each member providing services based on his or her level of education is ideally designed to have all patients receive all the preventative and screening services now recommended by national guidelines.”

Lafata and her colleagues also found patients were least likely to receive counseling about aspirin use, diet, flu immunization and vision screening. And the likelihood that patients were delivered recommended services decreased with the patients’ age and increased with higher body mass indexes (BMI).

“My hunch is that [patients](#) with higher BMIs probably are more likely to seek medical treatment, since they are likely to have one or more [chronic] medical conditions,” suggested Cutler. “Once being treated for these conditions, an obese patient would seemingly be more likely to be offered screening for preventive disorders.”

More information: Shires D.A., Stange K.C., et al. (2011). Prioritization of evidence-based preventive health services during periodic health examinations. *American Journal of Preventive Medicine*; In Press.

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