

Your history may define your future: Tell your doctor

February 4 2013

Your family history is important, not just because it shaped you into who you are today, but it also impacts your risk for developing cancer and other chronic diseases. For example, if one of your family members had cancer, your primary care doctor needs to know. Being able to identify individuals at increased risk can help reduce mortality. In a study published this week in the online version of the *Journal of General Internal Medicine*, researchers at Brigham and Women's Hospital (BWH) found that patients who use a web-based risk appraisal tool are more likely to have important family history documented.

"[Primary care](#) clinicians can play a critical role in documenting a patient's family history and assessing the patient's [risk factors](#) for diseases like cancer," explained Heather Baer, ScD, an associate [epidemiologist](#) and assistant professor in the Division of General Medicine and Primary Care at BWH. "However, most clinicians see a large number of patients, have limited time during patient visits and may lack adequate systems for collecting and synthesizing this information."

The research team, lead by Baer, set out to evaluate the feasibility and effectiveness of using a web-based risk appraisal tool in a primary care setting. Researchers asked patients who had new patient visits or annual exams, throughout three primary care practices, to fill out the web-based risk appraisal tool on a laptop computer in the [waiting room](#) immediately before their visit. Two other primary care practices, where patients did not use the tool, were used for comparison.

A total of 996 patients filled out the tool while waiting for their appointment. The tool asked patients about their family history of cancer as well as lifestyle factors such as diet, physical activity and smoking. At the end of the questionnaire, patients received a report summarizing their risk of cancer, heart disease, diabetes and stroke. Information on family history of cancer was sent to their electronic health record (EHR) for clinicians to view; if accepted by the clinician, it went into coded fields and could trigger reminders for the clinician about colon and breast cancer screening. The researchers measured whether or not new documentation of a positive of family history of cancer was added to the EHR.

"We found that 10.6 percent of patients who used the tool had new information on family history of cancer entered in the EHR within 30 days after their visit, compared to less than one percent of control patients," explained Baer. "This type of risk assessment tool may be useful for collecting information on family history and [lifestyle factors](#) and may also help increase communication between physicians and patients about their risk."

One of the limitations of the study was that only a small percentage of eligible patients filled out the tool because of time constraints before their visit. Also, some of the family history information that patients filled in using the tool was not accepted into the EHR by their clinician. Researchers say further research is needed to determine how risk appraisal tools can be integrated with workflow at primary care practices and how they affect screening and health behaviors among patients.

Provided by Brigham and Women's Hospital

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