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Clinical reconciliation of patient social context and implementation of preventive care guidelines.

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Introduction. Adherence to preventive care guidelines are affected by practice-, provider- and patient-level elements. Study of patient factors influencing prevention care uptake serves to aid in advancement of delivery protocols, patient care quality and population health outcomes.

Objective. To understand how primary care clinicians and staff reconcile perceived patient-level factors and implementation of preventive care guidelines.

Methods.

Data Source. Key informant interviews with 14 clinicians and 9 office managers from 14 clinics part of a Practice Based Research Network (PBRN) collected for a larger study.

Pertinent Interview Questions.

- How do you approach patients about prevention guidelines, considering their **beliefs, family, health literacy and the media**?
- How do your patients' social needs (**prior experiences, transportation, insurance, work, scheduling, language barriers, literacy level, SES, age, gender**) affect how they access services?
- What role does the **community** play in helping or hindering preventive service uptake?

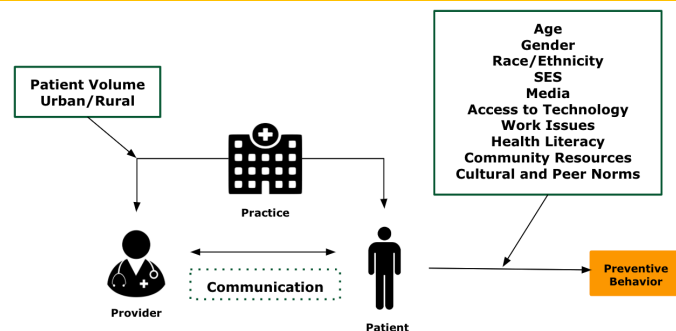
Prevention guidelines discussed: cervical, breast, lung & prostate cancer screening, CVD risk assessment for hypertension, & hyperlipidemia; and pneumonia & flu vaccination

Analytical Method. Using a grounded theory approach, a single researcher generated open codes, categorized them, then reviewed for thematic content.

Results.

Three main themes emerged:

- Communication through visual aids, using shared decision making and interpreting the media
- Convenience for access, scheduling and transportation for preventive services
- Weighing the evidence in order to determine the best approach for the individual patient

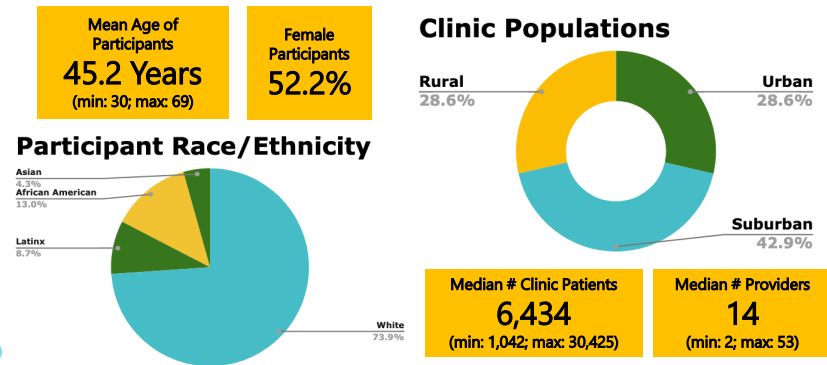


Conceptual Model for Clinical Perspectives of Patient Factors for Implementing Preventive Guidelines

Social context and type of service matter when health care providers implement preventive care guidelines.

Communication is critical, access to services needs to be convenient, and providers weigh the evidence for individual patients.

Descriptive Statistics. Providers (n=14), Staff (n=9) & Clinics (n=14)



Communication is key. Many providers employ communication tools such as visual aids for varying levels of health literacy and shared decision making to engage patients in preventive care. Some patients bring concerns about what they've heard in the media or from friends to their provider.

"Well, I guess I try to do sort of shared decision-making, motivational interviewing style conversations around these things, and always sort of letting the patients make their own decision whenever possible." (MD, female, urban practice)

"People come in frequently because they saw a commercial and then we [have] to address it." (Nurse, female, suburban practice)

Convenience. Scheduling appointments or providing preventive services on-site, arranging transportation and helping manage a patient's insurance increase uptake, especially in low-income and rural clinics.

"scheduling the mammogram in the room, it's so much more effective." (NP, female, rural practice)

"we have community health workers on staff if there are barriers for transportation and that sort of thing" (COO, female, rural practice)

"We do struggle with the patient who makes a little bit too much for Medicaid and so we do have two full-time insurance coordinators who work to get them on other insurance." (NP, female, rural practice)

Weighing the evidence. Providers consider the age and race/ethnicity of the patient in front of them when determining how to apply a guideline. Similarly, they weigh patients' expectations for certain services along with evidence for clinical benefit.

"because my population is more elderly and I have some fears about dropping their blood pressure too low and causing them to fall and break their hips and stuff if I push their blood pressure lower, so I'm a little hesitant about following the guidelines to push it lower than that" (MD, male, rural practice)

"you know if they looked at White men in their 50's and I'm seeing African American men in their 40's, you know evidence isn't perfect and guidelines are just that, they are guidelines" (MD, male, urban practice)

"Mammography is a little harder. I don't know if it's because the guideline has changed so many times over the years I've been doing this... Some women definitely view that as sort of a withdrawal of service" (MD, female, suburban practice)



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Acknowledgments

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