Some positive steps for preventive health

I read with great interest the January 2006 issue on preventive health. I have been using a checklist I developed for my own practice since 1998[1] (available from: **http://drgreiver.com/tables.htm**); other checklists have been developed before and after, as exemplified in the issue. These lists can prompt physicians at the point of care, and they make recording services in the chart much easier.

Dr Feightner's editorial[2] points out that this is not enough and that additional measures are needed. Some of these measures are being implemented. Rostering is now a fact for many (if not most) of Ontario's family physicians. New incentives reward physicians for meeting practice targets for some preventive services. Physicians belonging to Family Health Networks are now reimbursed for reminder letters sent to patients (which have been shown to improve the provision of services[3]). Incentives to help computerize offices are now available in some provinces. Granted, not all of these are available to all Canadian family physicians, but they do represent steps in the right direction.

In my practice, I have now rostered most of my patients. For the past year, the government has been sending me lists of rostered patients who are eligible for certain preventive services. These services are mammograms for women 50 to 69 years, Pap smears for women 35 to 69 years, vaccinations for children younger than 2 years, and influenza vaccinations for people older than 65. Fecal occult blood testing for people 50 to 75 years will soon be added. I record the dates of mammograms, fecal occult blood testing, and Pap smears in the lower right-hand corner of the cumulative patient profile. My secretary audited the charts for me, and the fact that these dates were consistently recorded in one area of the chart made it easier for her. We sent a reminder letter to all patients who were overdue; it was very satisfying to see several patients return for needed screens.

I will be implementing an electronic medical record this year; I have been keeping a diary of the progress at **http://drgreiver.blogspot.com/**. I expect to switch from paper to electronic audit, which will make the process easier and faster. Electronic reminders at the point of care have been shown to improve the provision of preventive services.[4]

My group is currently negotiating with the government to form a Family Health Team. If successful, this will provide us with additional personnel, such as dietitians or mental health workers, paving the way toward collaborative care.

Thus, many of Dr Feightner's sensible recommendations are being planned or implemented.

Finally, the findings of the Canadian Task Force on Preventive Health Care are used daily in my practice. I cannot understand why our government agencies have decided to withhold adequate support from such a valuable resource. Because evidence-based, appropriate prevention benefits all Canadians, the federal government needs to fund our task force. I plan to write a letter to the new federal Minister of Health to say so.

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by e-mail

References

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3. Stone EG, Morton SC, Hulscher ME, Maglione MA, Roth EA, Grimshaw JM, et al. Interventions that increase use of adult immunization and cancer screening services: a meta-analysis. *Ann Intern Med* 2002;136(9):641-51.
4. Garg AX, Adhikari NK, McDonald H, Rosas-Arellano MP, Devereaux PJ, Beyene J, et al. Effects of computerized clinical decision support systems on practitioner performance and patient outcomes: a systematic review. *JAMA* 2005;293(10):1223-38.

Correction

Dans l'article intitulé «Modes de prescription pour la maladie d'Alzheimer. Enquête auprès des médecins de famille canadiens» (*Can Fam Physician* 2006;52:208-9), une erreur s'est glissée dans le résumé. La deuxième phrase aurait dû se lire comme suit:

«Environ 27% des répondants déclaraient prescrire des ICh à moins de 10% de leurs patients atteints de la MA, tandis que 12,5% en prescrivaient à plus de 90% de ces patients.»

Le Médecin de famille canadien présente ses excuses pour cette erreur.

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