

# Clinicians' Perspectives on Prevention

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## The Vital Role Clinicians Play in Fostering Preventive and Health Promoting Behaviors by Patients

Tom Bacon, DrPH

This section of this issue of the *Journal* focuses on the important role played by clinicians in fostering preventive behavior and includes three excellent commentaries by a pediatrician, a dentist, and a family physician. As each of our contributors note in their articles, the research is clear that the influence of a clinician is one of the most important factors for increasing the likelihood an individual will stop smoking, enter into an exercise or weight loss program, or in some other way change behavior to enhance his or her health status.

All three clinicians give a number of reasons the clinician is important in prevention. Dr. Tilson summarizes it well with her triad of trust, timing, and training. As both she and Dr. Venezia note, clinicians are trained to incorporate prevention into their practice, which is particularly true in primary care medicine and dentistry, where regular visits offer an opportunity for influencing the behavior of both children and adults. The trust that patients have in their doctor, dentist, or other primary care clinician is a unique one and places that clinician in a special role to effect behavior change in those they provide care for.

Having noted the obvious reasons for incorporating prevention into clinical practice, all three authors identify a number of barriers to making it a regular part of primary care medical and dental care visits. Although all acknowledge that prevention is a part of their training, it receives much

less attention than the diagnosis and treatment of disease. Dr. Rounds notes the oft quoted axiom "the health care system gives the results it was designed to give," and our system is simply not designed to emphasize prevention. He and his colleagues also note that reimbursement for preventive activities has improved, but is not given the level of recognition that treatment of disease receives from a reimbursement standpoint.

While reimbursement is an important issue, the shortage of time to devote to prevention is probably the greatest

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barrier clinicians face. Given the limited time of an average clinic visit, there is simply not enough time to appropriately incorporate discussions with a patient about health promotion or prevention into the routine office visit and, although all three writers bemoan this fact, none have been able to effectively solve this issue in their practices.

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Finally, the authors acknowledge that there are clear limitations in terms of the impact of clinicians on individual behaviors relative to other factors in the environment. In a 15-30 minute visit, which may occur only once or twice a year, it is difficult for a clinician to overcome the powerful influences affecting behavior such as advertising, the ease of availability of unhealthy foods, and the influence of family and peers on behavior. In addition, access to clinicians is uneven in our society, and thus disparities by income level, race and ethnicity, and other factors exist which limit the ability of the clinicians to influence behaviors at the same level for all patients.

As we seek to design a system that more effectively promotes healthy behavior and preventive activities, it is clear that there must be significant changes in our systems of care. One or more of the authors observe that the burden of preventive activities cannot simply fall on the doctor or dentist, but must involve a team effort of all members of a given practice. Prevention needs to be incorporated in a more holistic way into each clinical office visit, including a more active role by other members of the office team to deliver effective evidence-based messages, answer questions about prevention and health promotion, and

reinforce individual efforts to achieve healthier lifestyles. Just as performance improvement is a team activity, incorporating prevention into a practice must be better organized and implemented by the entire health care team to gain maximum effectiveness.

Finally, the authors acknowledge the unique role that doctors and dentists play beyond simply delivering care, and the obligation they have to be engaged beyond clinical practice. The medical, dental, and public health community has been actively engaged for many years in promoting policy changes at the state and federal level, such as advocating for increases in the cigarette tax. Because of the respected role clinicians have in society, they often have a special opportunity to work with legislators and other key policymakers to impact public policy. The role of the primary care clinician is a unique one, and the opportunities these clinicians have to both influence individual behavior and to affect public policy will likely grow in the future as there is an increasing recognition of the need to make prevention a vital part of the efforts to improve health outcomes and to control costs. These three clinicians effectively describe those various roles and make a strong case for the important influence they and their colleagues can have in the future. **NCMJ**

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## The Role of Pediatricians in Prevention

*Elizabeth Tilson, MD, MPH*

**P**ediatricians are primed and well-positioned to address prevention in their practices and with their patients. In fact, prevention is already a core part of pediatric practice. Pediatricians regularly address many issues relevant to prevention, including diet and exercise, physical development, learning, mental health, immunizations, dental health, tobacco, alcohol use, substance abuse, sexually transmitted infections, and environmental exposures.

Pediatricians are well-prepared to address preventive issues for several reasons. First, we are trusted. Pediatricians, like physicians in general, are privileged to have the respect of their patients and are considered a trustworthy source for health advice. Parents value and want a relationship with their pediatrician and look to the pediatrician to partner with them in the care of their children.<sup>1</sup> Second, we are trained. Pediatricians receive specialized training in prevention and early detection during residency and ongoing continuing medical education. We also have the pre-existing visit structure. Our well-child planned visit schedule is the perfect opportunity to promote prevention activities. Also, importantly, we have the right audience. Parent and adult caregiver role modeling and actions are some of the strongest influences on children's health behavior, and these adults accompany children to office visits. During these visits, we have the opportunity to address the adult-child

dyad. And finally, we have the right timing. Many health behaviors are established at a young age and many health and behavioral problems are more easily modified with early detection and intervention. By being involved with the care of a child, often from birth, we have ample opportunity to provide guidance and promote the establishment of healthy behaviors or intervene early to prevent problems before they are well-entrenched.

Despite the fact that pediatricians are well-positioned to address prevention, they encounter some barriers when trying to do so. Despite training, there still may be a perceived lack of knowledge or skill to provide preventive services. Third party payors, such as insurance companies, may not reimburse visits solely dedicated to prevention (e.g., a follow-up visit to address obesity detected at a well-child visit). Completion of an immunization series may be deterred by incomplete or inaccessible prior medical records or parental concerns generated by the lay media. Pediatricians may worry that adult caregivers perceive it to be inappropriate for a pediatrician to comment on adults' behavior, and there are multiple competing demands during the short visit time.

In addition, there may be many linguistic and cultural differences that come into play when dealing with preventive issues. For example, recent immigrants may not trust the safety of tap water and therefore not offer it to their children. Dental caries may develop secondary to the lack of fluoride. There might be cultural differences in the perception of a healthy body image, thus affecting parents' motivation to address weight concerns in their child. There may be