

Finally, physicians can promote policy and environmental changes that affect how and where their patients live, learn, and play. Physicians can educate families about and promote healthy home environments and can lend support and advocacy for policy changes in schools and communities

that promote health. In addition, physicians can model healthy behaviors and healthy environments by rewarding children with books or stickers rather than lollipops or other sweets, engaging in healthy behaviors themselves, and promoting workplace wellness efforts for their staff. **NCMJ**

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I Want to Be a Superior Doctor

J. Carson Rounds, MD

*The superior doctor prevents sickness;
The mediocre doctor attends to impending sickness;
The inferior doctor treats actual sickness.*

Chinese proverb¹

*Doctors and undertakers
Fear epidemics of good health.*

Gerald Barzan¹

*It is a lot harder to keep people well than it is to just get them
over a sickness.*

DeForest Clinton Jarvis¹

Benjamin Franklin was actually trying to sell shares in his fire insurance company when he coined the phrase "An ounce of prevention is worth a pound of cure," but it has become one of the most well-known aphorisms about medicine. We all seem to agree with Ben, but it is hard to look at health in the United States today and say we all follow his advice. The leading causes of death in this country are mostly attributed to our behaviors. We merrily eat fast food, smoke, sit on our ever-enlarging buttocks while we watch TV and surf the web, all while complaining about the cost of drugs and medical care. We have mortgaged our families' futures to foreign investors to pay for stents, bypass surgery, chemotherapy, gastric bypass surgery, dialysis, statins, and alcohol-related motor vehicle accidents. While we have the second most productive workforce in the world,² we don't have the healthiest.³ How can we start living in a manner that actually honors what we say we believe?

I fear that I have not yet achieved the status of the superior doctor named in the aforementioned Chinese proverb. How can I practice my art in such a way that my patients and my community truly strive to achieve optimum health? Dr.

Warren Newton is fond of reminding me that a system gives the results it was designed to give. If you don't like the results, you have to change the system. I believe the answer lies in transforming my practice while advocating for major changes in how our communities and nation approach health.

Changing my practice needs to start with my own health behaviors. A recent survey of California physicians found 7% were depressed, 53% reported moderate to severe stress, just over 6% screened positive for alcohol abuse, 35% did not participate in regular exercise, 34% slept less than six hours per night, and 21% reported working over 60 hours per week. There was a correlation between working over 65 hours a week and lack of exercise, less than six hours of sleep, and not eating breakfast.⁴ It is hard to lead others to change a behavior if you aren't "practicing what you preach." From my perspective as a practicing family physician, the traditional model of practice and the current health care system are not conducive to encouraging healthy physician behaviors.

There is also room for improvement in medical education. My medical education was state of the art, and I am quite grateful to all my teachers at the East Carolina University School of Medicine (I am too old to have attended the Brody School of Medicine!) and the Charlotte AHEC Family Medicine Residency. It would be hard to say, however, that we focused as much on prevention as we did on treating disease. I suppose it will always be necessary to emphasize disease and treatment, but we should endeavor to teach more about nutrition, exercise, and strategies to modify behaviors so my future partners can follow (and help me follow) Hippocrates' advice that our food should be our medicine. I know much has changed since my days in training and I would encourage educators to continue to assess how best to create a culture of prevention.

Everything I do in my office is really nothing more than trying to convince another person to modify their behavior, whether it is giving them a prescription for an antibiotic which should be taken twice a day with food, recommending an immunization, or recommending 30 minutes of exercise

five days a week. Helping people realize that they have a behavior they wish to modify and then giving them the tools to do it goes a long way. It can be time consuming, however, and not likely to pay as well as convincing them to change only one behavior—to take a pill. It is also an easier behavior for me, and one that is reinforced in a Pavlovian fashion many times a day.

The current workflow of a typical medical office is not always conducive to prevention. Paper charts have flow sheets which work only as well as the busy physician makes

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them work. Insurance companies that send me multi-page lists of patients for whom they have no claims data for a particular preventive service are, frankly, mostly frustrating. They are often wrong, apply only to a limited number of my patients, come at seemingly random times, and create more uncompensated work for my office. In short, they don't really alter the system of care. Offices that have electronic health records (EHRs) are generally not much better than those still using paper charts. If the EHR does have the capability to prospectively identify and notify patients about the need for a preventive service, arranging to have that functionality implemented during an office visit is either too complicated or costly for many practices.

There are some solutions to these issues. Evidence shows that "wellness visits, recall and reminder systems, and standing orders are associated with higher rates of delivery of preventive services in primary care practices."⁵ There is still much to learn about the best way to implement these and other changes. Findings from the American Academy

of Family Physicians' TransformMED Medical Home National Demonstration Project conclude that "a strategy of many small steps and being willing to learn from our failures will go a long way."⁶ TransformMed has also shown that there "is value in registries [that] allowed adopting population-based, proactive approaches to management of prevention and chronic disease care."⁷ Our office will begin the process of transforming into a patient-centered medical home this year and will be exploring the use of a registry for just this purpose. EHR vendors must design systems that

allow for easy identification of patients who need preventive services whether through registries or database searches. These must be an integral part of the EHR and not an add-on in terms of either cost or implementation. Payment for this type of care must be part of the answer as well. As family physicians around the country move to this new model of care, the payment system has to begin to address innovative ways of payment that recognize both the costs and the benefits of this type of care.

It won't be easy. Most office visits aren't preventive, but a transformed model can change that: all visits can be preventive. Preventive visits are typically still "yearly physicals," with patients saving up all the problems they have and hoping to have them all solved in one visit, often conflicting with our goal of providing preventive services. A study from Duke's Community and Family Medicine department estimated that a family physician with 2,500 patients needed 7.4 hours every working day to provide all recommended preventive services.⁸ Another study from the same department estimated it would take

10.6 hours per working day to provide all the care needed for chronic disease management.⁹ Based on the amount of time it takes me to document in my EHR, I will need to spend 24 hours each day to complete my daily tasks. Clearly, I need a system that involves other team members in my office in ensuring all these services are provided in a timely fashion. My EHR needs to support this system, and it has to be simple to implement. I need to allow my team to help with the preventive services and lifestyle changes my patients need.

Changing how I practice will only go so far in improving the health of my community, however. In December, I was fortunate to be able to attend the 17th Annual Healthy Carolinians Conference and NCIOM Prevention Summit. Dr. Thomas Frieden, director of the Centers for Disease Control and Prevention, was the keynote speaker. Two things in his presentation really caught my eye and graphically demonstrated how much of my patients' health really doesn't depend on me. The first was a pyramid of factors that affect health; what I do in my office and my interactions with my

patients is a small point at the top of the pyramid, among the least effective interventions affecting health. The base of the pyramid included changing the context to make individuals' default decisions healthy decisions, as well as socioeconomic factors. The environment my patients live in every day is the biggest determinant of their behaviors. The *Prevention Action Plan*, presented that day by NCIOM president and CEO Pam Silberman, JD, DrPH, reflects this pyramid as well: only 9 of the 45 recommendations made by the task force reflect activities that take place in my office or in my regular interactions with my patients. The second slide that caught my eye emphasized the relationship between a health information system oriented toward prevention, payment that rewards disease prevention, and practice workflows that support prevention and patient empowerment to prevent disease and optimize health. This also places what I do every day in the broader context of my personal health, my family's personal health, and the health of all my neighbors.

Prevention is encoded in the DNA of family physicians, but it is not fully expressed. Prevention really is the hardest thing I do. It consumes my most precious resource—time—while providing the least financial reward. I do the best I can

right now because it's the right thing to do and because no amount of money can match the joy in someone's face as they tell me of completing their first 5K run or of the weight they've lost. No amount of money can match the feeling of finding an early, likely curable, cancer. I can't recall the last child I saw with meningitis or chickenpox, a testimony to the power of immunizations. I—we—can do better, though. A trip to the mall—actually, just a trip to my reception area—to people watch is all the evidence I need that more work is needed. The time to transform my practice is now. The time to transform our communities is now. Health care reform that does not address the fundamental governmental policies and personal behaviors that lead to poor health outcomes seems to me to be quixotic and perhaps doomed to fail. I need your help at both the practice level and community level to see that we change the system, making me the superior doctor I want to be and you deserve. **NCMJ**

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The Role of Dentists in Prevention

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The dental profession in North Carolina has a proud tradition of focusing on prevention of oral disease and promotion of optimal oral health. In 1918, with the visionary support of the North Carolina Dental Society, our state established the nation's first statewide dental public health program.¹ While the oral disease burdens of the early 20th century demanded an emphasis on restorative and surgical treatment for underserved children, preventive

and educational activities were important parts of this ground-breaking endeavor. Today, almost a century later, our state's dental public health program (the Oral Health Section of the North Carolina Division of Public Health) remains a vital part of the dental profession's commitment to promoting oral health and improving access to dental care. This commitment is realized through activities such as support for community water fluoridation, provision of dental sealants and fluoride mouthrinse targeted to children at high risk of tooth decay, oral health screening, and referral of underserved children both to the private sector and to publicly supported clinics for ongoing preventive and