Comparing Prevention Visits in the Residency Research Network of Texas to National Norms
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Introduction
The National Ambulatory Medical Care Survey (NAMCS) is a national survey designed to meet the need for objective, reliable information about the provision and use of ambulatory medical care services in the United States.1 Findings are based on a sample of visits to physician offices, including patient visits to federal, non-federal, and military physicians. Office-based physicians who are primarily engaged in direct patient care2. In the NAMCS study of 2006, 19.2 percent of all visits were for preventative care, and the uninsured population had a significantly lower preventative care visit rate compared with persons with private or public health insurance1. The Residency Research Network of Texas is a collaboration of ten family medicine residency programs across the state of Texas. RRNeT provides care for a unique patient population, with large proportions of low income, uninsured, and underrepresented minority people. Compared to patients in the NAMCS, residents have the same opportunities for preventative care as the national norms? Our aim is to examine sample characteristics and the receipt of preventative care in the RRNeT patient population in comparison to NAMCS norms.

Methods
Subjects. Medical students documented 726 outpatient visits from 9 family medicine residency programs in RRNeT. Eligible patients included all patient-visitors seeing a physician in the study clinics during the study period. Patients’ ages ranged from infants to 97 years old.

Measurement. A visit Survey documented elements of each primary care visit, including patient demographic, vital signs, reasons for visit, diagnoses, health education, medications prescribed, diagnostic tests ordered, nonmedical treatments, referrals to specialists and admissions to hospitals. Study materials were available in Spanish and English.

Procedure. Over a one-month period, students identified half-days for data collection, then randomly selected a physician to shadow’s clinic session, the student invited all the physician’s patients to participate in the study. After informed consent, students observed the patient and completed the Visit Survey.

Analysis. A visit was defined as a “preventive visit” if the Reason For Visit listed a visit for a general medical exam, a prenatal exam, a well-baby/child exam, or a well-woman exam. Data from the RRNeT sample were compared to findings from the national sample in NAMCS report.

Results
In the RRNeT sample, 66.1% of subjects were female, 58.3% were Hispanic, 25.1% were Caucasian, and 13% were African American. The average age was 44.7 years and ranged from newborn to 97 years. The RRNeT preventative care visit rate to physician offices was highest for those 25-44 years (29.1%) and lowest for the elderly 75 years and over (3.4%) (Figure 1). Few (16%) had private health insurance, 41.4% had Government insurance, 29.8% were non-insured. (Figure 2) One-quarter quarter reported the primary reason for their visit to be preventive care.

Compared to the national sample of visits in NAMCS, the RRNeT patient sample had a higher percentage of patients seeking preventative care than the national average. RRNeT reported more females and males seeking preventive care than NAMCS, but the age distribution for preventative care was comparable in both samples. (Figure 1) RRNeT visits had more Caucasians seeking preventative care, and fewer African Americans compared to national norms (Figure 3). Non-insured and privately insured subjects of the RRNeT sample were more likely to seek preventive care and Government insured subjects were less likely to seek preventive care compared to national norms. (Figure 3)

Discussion
The RRNeT patient sample has more uninsured and fewer non-insured patients compared to the national norms. Despite these staggering differences in insurance status, the RRNeT patient population seeks preventative care more often than national norms. This finding may be attributed to the high percentage of prenatal visits and well-baby visits, and high Medicaid prevalence. For instance, 4.4% of the RRNeT population received a prenatal exam in comparison to 2.4% of the national population. These results indicate that the RRNeT patient sample is a unique population that seeks preventative care more often than national norms despite their insurance status. Thus, the RRNeT residency programs should focus on practicing and teaching excellent preventative care to compensate for the high health risk in their low-income patient populations.

References
3. “RRNeT Data Resources and Services Administration (Award #: D54HP16444)."

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